2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2016
Secretary of State
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Entity Name: HOLISTIC PRIMARY CARE LLC

Current Principal Place of Business:

1330 WEST AVE., #C-402
MIAMI BEACH, FL 33139

Current Mailing Address:

1330 WEST AVE., #C-402
MIAMI BEACH, FL 33139

FEI Number: 27-0308332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENMAN, DONALD M
1330 WEST AVE
APT 403
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EISENMAN, DONALD M	Name	WELLS, DOROTHY S
Address	1330 WEST AVE APT 403	Address	31C VENETIAN WAY APT 46
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY WELLS MGR 02/10/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date