

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000029593

Entity Name: HEALTH CHOICE ME, PLLC

Current Principal Place of Business:

6156 53RD AVENUE EAST
BRADENTON, FL 34203

Current Mailing Address:

6156 53RD AVENUE EAST
BRADENTON, FL 34203 US

FEI Number: 27-2140890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WBS SERVICES, P.A.
1605 MAIN STREET
SUITE 912
SARASOTA, FL 34236 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 MGRM
Name LEWIS, MARK C
Address 6610 37TH STREET EAST
City-State-Zip: SARASOTA FL 34243

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: MARK C LEWIS _____

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date