

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000006002

Entity Name: HEALTHWEALTH, LLC

Current Principal Place of Business:

13319 SANTORINI DR.
JACKSONVILLE, FL 32225

Current Mailing Address:

13319 SANTORINI DR.
JACKSONVILLE, FL 32225 US

FEI Number: 30-0695594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: CINDY LESKI

01/28/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name COLE, FRANK H
Address 13319 SANTORINI DR.
City-State-Zip: JACKSONVILLE FL 32225

Title MGRM
Name COLE, ANDREA G
Address 13319 SANTORINI DR.
City-State-Zip: JACKSONVILLE FL 32225

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: ANDREA G COLE

MANAGER

01/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date