

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011442

**Entity Name:** US HEALTH & WELLNESS, LLC.

**Current Principal Place of Business:**

1100 NE 163RD STREET  
SUITE 302  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1100 NE 163RD STREET  
SUITE 302  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 45-4618609

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SAPOZNIK, ISAAC S  
1100 NE 163RD ST  
SUITE 302  
NORTH MIAMI BEACH, FL 33162 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  
Name SAPOZNIK, ISAAC S  
Address 1100 NE 163RD ST  
302  
City-State-Zip: NOTH MIAMI BEACH FL 33162

*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:** ISAAC SAPOZNIK

**MANAGER**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date