

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000102989

Entity Name: OLA WELLNESS, LLC

Current Principal Place of Business:

9720 ROUNDSTONE CIR.
FORT MYERS, FL 33967

Current Mailing Address:

9720 ROUNDSTONE CIR.
FORT MYERS, FL 33967

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADDERN, ASHLEY DR.
9720 ROUNDSTONE CIR.
FORT MYERS, FL 33967 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 OWNER
Name MADDERN, ASHLEY M DR.
Address 9720 ROUNDSTONE CIR.
City-State-Zip: FORT MYERS FL 33967

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHLEY M MADDERN, DPT

DR.

04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date