

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000157508

Entity Name: DIVINE THERAPY & WELLNESS LLC.

Current Principal Place of Business:

3300 SW 34TH AVE.
SUITE 124B
OCALA, FL 34474

Current Mailing Address:

3300 SW 34TH AVE.
SUITE 124B
OCALA, FL 34474

FEI Number: 46-1588144

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SARKER, MAHIN DR.
3300 SW 34TH AVE.
SUITE 124B
OCALA, FL 34474 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 SARKER, MAHIN DR.
Address 4900 SW 46TH COURT APT. 2402
City-State-Zip: Ocala FL 34474

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: MAHIN SARKER

PHYSICAL THERAPIST

03/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date