

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017147

**Entity Name:** LIVE WELL MEDICAL CENTERS, LLC**Current Principal Place of Business:**3105 BISHOP ESTATES RD.  
ST. JOHNS, FL 32259**Current Mailing Address:**3105 BISHOP ESTATES RD.  
ST. JOHNS, FL 32259 US**FEI Number:** 46-1940804**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUCCI, MARIA  
3105 BISHOP ESTATES RD.  
ST. JOHNS, FL 32259 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	VP
Name	KIRKLAND, TIMOTHY
Address	6266 N.W. CR 233
City-State-Zip:	STARKE FL 32091

Title	SECRETARY & TREASURER
Name	PUCCI, MARIA
Address	3105 BISHOP ESTATES ROAD
City-State-Zip:	ST. JOHNS FL 32259

Title	PRESIDENT
Name	PUCCI, MARIA
Address	3105 BISHOP ESTATES RD.
City-State-Zip:	ST. JOHNS FL 32259

*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:** MARIA PUCCI

PRES

06/30/2020

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