

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017147

Entity Name: LIVE WELL MEDICAL CENTERS, LLC

Current Principal Place of Business:

1996 KINGSLEY AVE
ORANGE PARK, FL 32073

Current Mailing Address:

1996 KINGSLEY AVE
ORANGE PARK, FL 32073

FEI Number: 46-1940804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REZLEGAL, LLC
4230 PABLO PROFESSIONAL COURT
SUITE 200
JACKSONVILLE , FL 32224 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: RICK M. REZNICSEK

03/04/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BOWES , DOUG
Address 278 RIDGE DRIVE
City-State-Zip: NAPLES FL 34108

Title VP
Name KIRKLAND, TIMOTHY
Address 691 CHERRY GROVE ROAD
City-State-Zip: ORANGE PARK FL 32073

Title SECRETARY & TREASURER
Name PUCCI, MARIA
Address 3105 BISHOP ESTATES ROAD
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: DOUG BOWES

PRESIDENT

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date