

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

07/30/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title	PRESIDENT
Name	BERNARD, GARY C. M.D.
Address	1996 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

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: GARY C. BERNARD, M.D.

PRESIDENT

07/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date