

2017 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	Title	SECRETARY & TREASURER
Name	KIRKLAND, TIMOTHY	Name	PUCCI, MARIA
Address	6266 N.W. CR 233	Address	3105 BISHOP ESTATES ROAD
City-State-Zip:	STARKE FL 32091	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

PRESIDENT

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date