2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2015
Secretary of State
CC4134992421

DOCUMENT# L13000019451

Entity Name: ULTIMATE WELLNESS/REHAB LLC

Current Principal Place of Business:

18308 MURDOCK CIR UNIT 107
PORT CHARLOTTE, FL 33948-1025

Current Mailing Address:

18308 MURDOCK CIR UNIT 107
PORT CHARLOTTE, FL 33948-1025 US

FEI Number: 46-2014986

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEMUS, ENRIQUE V
3626 OASIS AVE
NORTH PORT, FL 34287-5160 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: ENRIQUE V LEMUS 01/14/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LEMUS, ENRIQUE V	Name	LEMUS, SILVIA L
Address	3626 OASIS AVE	Address	3626 OASIS AVE
City-State-Zip:	NORTH PORT FL 34287-5160	City-State-Zip:	NORTH PORT FL 34287-5160

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: ENRIQUE V. LEMUS MGRM 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date