

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000107207

**Entity Name:** ASCENSION WELLNESS LLC

**Current Principal Place of Business:**

1612 NW BOCA RATON BLVD  
SUITE 5  
BOCA RATON, FL 33432

**Current Mailing Address:**

1612 NW BOCA RATON BLVD  
SUITE 5  
BOCA RATON, FL 33432

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STROMER, DEBORAH L  
1612 NW BOCA RATON BLVD  
SUITE 5  
BOCA RATON, FL 33432 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 MGR  
Name STROMER, DEBORAH L  
Address 1612 NW BOCA RATON BLVD SUITE 5  
City-State-Zip: BOCA RATON FL 33432

*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:** DEBORAH STROMER

OWNER/MGR

04/22/2014

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

\_\_\_\_\_ Date