

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000123788

**Entity Name:** WELLSRING WELLNESS AND MENTAL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

2500 S KANNER HWY, SUITE 2  
STUART, FL 34994

**Current Mailing Address:**

2500 S KANNER HWY, SUITE 2  
STUART, FL 34994 US

**FEI Number:** 47-1530277

**Certificate of Status Desired:** No

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

BRECHBILL, MARK  
215 SW FEDERAL HWY STE 200  
STUART, FL 34994 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 JCOL, LLC  
Address 2500 S KANNER HWY, SUITE 1  
City-State-Zip: STUART FL 34994

*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:** JOAN COLLINS

**MANAGER**

**04/26/2016**

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

\_\_\_\_\_  
Date