

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000133667

Entity Name: AXEL HEALTH LLC

Current Principal Place of Business:

4820 GRIFFIN BLVD
FORT MYERS, FL 33908

Current Mailing Address:

4820 GRIFFIN BLVD
FORT MYERS, FL 33908

FEI Number: 47-2465941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHETTY, SUMEET
4820 GRIFFIN BLVD
FORT MYERS, FL 33908 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 AUTHORIZED MEMBER
Name SHETTY, SHAILAJA
Address 4820 GRIFFIN BLVD
City-State-Zip: FORT MYERS FL 33908

Title CEO
Name SHETTY, SUMEET
Address 4820 GRIFFIN BLVD
City-State-Zip: FORT MYERS FL 33908

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: SUMEET SHETTY

03/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date