

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000154033

Entity Name: LEWIS HEALTH & WELLNESS, LLC

Current Principal Place of Business:

13403 MALLARD COVE BLVD.
ORLANDO, FL 32837

Current Mailing Address:

13403 MALLARD COVE BLVD.
ORLANDO, FL 32837 US

FEI Number: 47-1987956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEWIS, ADAM D DC
13403 MALLARD COVE BLVD.
ORLANDO, FL 32837 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 LEWIS, ADAM D DC
Address 13403 MALLARD COVE BLVD.
City-State-Zip: ORLANDO FL 32837

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: ADAM LEWIS

MGR

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date