

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000158478

**Entity Name:** WHITE COATS WELLNESS, LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 3120  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 3120  
JACKSONVILLE, FL 32202

**FEI Number: 47-2055508**

**Certificate of Status Desired: No**

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

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA  
ONE INDEPENDENT DRIVE  
SUITE 3300  
JACKSONVILLE, FL 32202 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 KANE, MATT  
Address ONE INDEPENDENT DRIVE, SUITE 3120  
City-State-Zip: JACKSONVILLE FL 32202

Title AUTHORIZED MEMBER  
Name ROSAS, DAVID  
Address ONE INDEPENDENT DRIVE, SUITE 3120  
City-State-Zip: JACKSONVILLE FL 32202

Title AUTHORIZED MEMBER  
Name STEIN, ROBERT L  
Address ONE INDEPENDENT DRIVE, SUITE 3120  
City-State-Zip: JACKSONVILLE FL 32202

*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: ROBERT L. STEIN**

**MEMBER**

**01/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date