

2022 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

03/03/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date