

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195319

Entity Name: ALONSO MEDICAL AND WELLNESS INSTITUTE LLC

Current Principal Place of Business:

1090 WEST STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1090 WEST STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 47-2703557

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALONSO, LUZ A
155 HARSTON CT
LAKE MARY, FL 32746 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	Title	MANAGER
Name	ALONSO, KENNETH A	Name	ALONSO, LUZ A
Address	155 HARSTON CT	Address	155 HARSTON CT
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746

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: KENNETH ALONSO

MGR

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date