

**2017 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**

**05/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date