

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000005096

**Entity Name:** MCLAUGHLIN HEALTH & PERFORMANCE, LLC

**Current Principal Place of Business:**

2121 SOUTH HIAWASSEE ROAD  
SUITE 4436  
ORLANDO, FL 32835

**Current Mailing Address:**

2121 SOUTH HIAWASSEE ROAD  
SUITE 4436  
ORLANDO, FL 32835 US

**FEI Number:** 38-3953179

**Certificate of Status Desired:** No

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

METZLER ADVISORY, LLC  
742 SOUTH VILLAGE CIRCLE  
TAMPA, FL 33606 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            AMBR  
Name            MCLAUGHLIN, BRENDAN  
Address        2121 SOUTH HIAWASSEE ROAD, STE.  
                  4436  
City-State-Zip: ORLANDO FL 32835

*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:** BRENDAN MCLAUGHLIN

**PARTNER**

**04/28/2016**

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

\_\_\_\_\_  
Date