

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000161232

**Entity Name:** DYNAMIC PAIN & WELLNESS, PLLC

**Current Principal Place of Business:**

930 MAR WALT DRIVE  
SUITE C  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

930 MAR WALT DRIVE  
SUITE C  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 47-5138029

**Certificate of Status Desired:** No

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

MATHEW, MCCUNE THOMAS CEO  
930 MAR WALT DRIVE  
SUITE C  
FORT WALTON BEACH , FL 32547 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:** MATHEW MCCUNE

01/09/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MCCUNE, MATHEW  
Address 4522 GOLF VILLAS COURT #203  
City-State-Zip: DESTIN FL 32541

*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:** MATHEW MCCUNE

CEO

01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date