

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000060656

**Entity Name:** VIVA WELLNESS & INJURY, LLC

**Current Principal Place of Business:**

701 E. OAK STREET  
SUITE A  
KISSIMMEE, FL 34744

**Current Mailing Address:**

701 E. OAK STREET  
SUITE A  
KISSIMMEE, FL 34744 US

**FEI Number:** 81-2272205

**Certificate of Status Desired:** No

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

GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM  
1101 DOUGLAS AVENUE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 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  
Name MED PRACTICE CONSULTANTS, LLC  
Address 5703 RED BUG LAKE ROAD  
SUITE 310  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** ED MEJIAS

CFO

03/11/2021

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

\_\_\_\_\_  
Date