

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000089968

Entity Name: WELLSRING HEALTH ORLANDO, LLC.

Current Principal Place of Business:

2415 S. VOLUSIA AVE, SUITE A-2
ORANGE CITY, FL 32763

Current Mailing Address:

2415 S. VOLUSIA AVE, SUITE A-2
ORANGE CITY, FL 32763 US

FEI Number: 81-2686901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLLMAN, LEONARD A
2415 S. VOLUSIA AVE, SUITE A-2
ORANGE CITY, FL 32763 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 ROLLMAN, LEONARD A
Address 2415 S. VOLUSIA AVE, SUITE A-2
City-State-Zip: ORANGE CITY FL 32763

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: LEONARD A. ROLLMAN

AMBR

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date