

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000156962

Entity Name: MW WELLNESS V, LLC

Current Principal Place of Business:

509 S HYDE PARK AVE
TAMPA, FL 33606

Current Mailing Address:

509 S HYDE PARK AVE
TAMPA, FL 33606

FEI Number: 38-4012057

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KALoust, DEREK JD,LL.M
509 S HYDE PARK AVE
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 MMBR
Name PHYSICIAN'S HEALTH MANAGEMENT,
LLC
Address 509 S HYDE PARK AVE
City-State-Zip: TAMPA FL 33606

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: EDWARD KALoust

MGR OF PHYSICIAN'S
HEALTH MANAGEMENT,
LLC

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date