

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000123006

**Entity Name:** WALHEALTH LLC

**Current Principal Place of Business:**

6950 DOLCE ST  
ORLANDO, FL 32819

**Current Mailing Address:**

6950 DOLCE ST  
ORLANDO, FL 32819 US

**FEI Number: 82-1900764**

**Certificate of Status Desired:** No

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

NADA, IRENE  
6950 DOLCE ST  
ORLANDO, FL 32819 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            AUTHORIZED MEMBER  
Name            SHEHATA, PETER  
Address         6950 DOLCE ST  
City-State-Zip: ORLANDO FL 32819

*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: PETER SHEHATA**

**MEMBER**

**01/14/2019**

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

\_\_\_\_\_ Date