

2018 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: Yes

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

OWNER

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date