

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000195183

Entity Name: GALAXY WELLNESS & ORTHO-SPINE CENTER LLC

Current Principal Place of Business:

9774 SW 24 ST
MIAMI, FL 33165

Current Mailing Address:

9774 SW 24 ST
MIAMI, FL 33165 US

FEI Number: 83-1588669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONCE DE LEON, JOSE L MD
9774 SW 24 ST
MIAMI, FL 33165 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 ALFONSO-CEPEDA, JORGE
Address 7949 NW 2 ST
City-State-Zip: MIAMI FL 33126

Title AMBR
Name ALLENDE, JOSE
Address 7949 NW 2 ST
City-State-Zip: MIAMI FL 33126

Title MGR
Name PONCE DE LEON, JOSE LUIS MD
Address 9774 SW 24 ST
City-State-Zip: MIAMI FL 33165

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: ALFONSO -CEPEDA JORGE

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date