2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
0240198233CC

DOCUMENT# L18000212600

Entity Name: MENTAL WELLNESS CLINIC, LLC

Current Principal Place of Business:

3580 MYSTIC POINTE DR
AVENTURA, FL 33180

Current Mailing Address:

309 S 57 TER
HOLLYWOOD, FL 33023

FEI Number: 83-1864866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERRY, NICOLE
309 S 57 TER
HOLLYWOOD, FL 33023 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	CEO
Name	BERRY, NICOLE
Address	309 S 57 TER
City-State-Zip:	HOLLYWOOD FL 33023

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: NICOLE BERRY CEO 05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date