

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000086644

**Entity Name:** ELITE MEDICAL AND WELLNESS CENTER LLC

**Current Principal Place of Business:**

840 W RIVER OAK DRIVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

840 W RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 US

**FEI Number:** 83-4183581

**Certificate of Status Desired:** Yes

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

JACKSON, WILLIAM  
840 WEST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 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:** WILLIAM JACKSON

07/16/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JACKSON, WILLIAM  
Address 840 WEST RIVER OAK DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGER  
Name ROSA, CAMMIE LEE  
Address 840 W RIVER OAK DRIVE  
City-State-Zip: ORMOND BEACH FL 32174

*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:** CAMMIE ROSA

**TITLE** MANAGER

07/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date