

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000132779

**Entity Name:** WELLNESS PSYCHOLOGY, LLC

**Current Principal Place of Business:**

15800 PINES BLVD, STE 300  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

P.O. BOX 821451  
PEMBROKE PINES, FL 33082 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** NATALIA UTRERA, VP

04/28/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OM  
Name MORENO, JUANITA  
Address P.O. BOX 821451  
City-State-Zip: PEMBROKE PINES FL 33082

*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:** JUANITA MORENO

**PRESIDENT**

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date