

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000170385

**Entity Name:** WELLNESS HEALTH MEDICINE LLC

**Current Principal Place of Business:**

940 WEST CANTON AVENUE  
B338  
WINTER PARK, FL 32789

**Current Mailing Address:**

940 WEST CANTON AVENUE  
B338  
WINTER PARK, FL 32789

**FEI Number:** 85-1638247

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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  
Name KAHN, JOEL A  
Address 940 WEST CANTON AVENUE B338  
City-State-Zip: WINTER PARK FL 32789

*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:** JOEL ANDREW KAHN

**MEMBER**

**03/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date