2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2021
Secretary of State
1922216998CC

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Entity Name: WELLNESS SPORT & REHAB LLC

Current Principal Place of Business:

11225 NW 45TH STREET
CORAL SPRINGS, FL 33065

Current Mailing Address:

11225 NW 45TH STREET
CORAL SPRINGS, FL 33065 US

FEI Number: 85-3594251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWNE, MONIQUE
11225 NW 45TH STREET
CORAL SPRINGS, FL 33065 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	BROWNE, MONIQUE
Address	11225 NW 45TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065

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: MONIQUE BROWNE MGR 01/22/2021

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