

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010375

**Entity Name:** KETAMINE WELLNESS CENTERS JACKSONVILLE, LLC

**Current Principal Place of Business:**

3753-2 CARDINAL POINT DR  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3753-2 CARDINAL POINT DR  
JACKSONVILLE, FL 32257 US

**FEI Number: 85-3704829**

**Certificate of Status Desired: No**

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

BLACK, BARBARA  
3753-2 CARDINAL POINT DR  
JACKSONVILLE, FL 32257 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 NICHOLSON, JULIE  
Address 491 N 159 PL  
City-State-Zip: GILBERT AZ 85234

Title MBR  
Name KETAMINE WELLNESS CENTERS  
ARIZONA  
Address 491 N 159 PL  
City-State-Zip: GILBERT AZ 85234

Title MGR  
Name NICHOLAS, KEVIN  
Address 491 N 159 PL  
City-State-Zip: GILBERT AZ 85234

*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: RICHARD LARSON, CFO**

**CFO**

**02/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date