

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331845

**Entity Name:** GET WELL MED LLC

**Current Principal Place of Business:**

11705 BOYETTE ROAD  
513  
RIVERVIEW, FL 33569

**Current Mailing Address:**

11705 BOYETTE ROAD  
513  
RIVERVIEW, FL 33569 US

**FEI Number:** 87-1783089

**Certificate of Status Desired:** Yes

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

JEROME PRIME INC  
1201 S COLLINS ST  
2  
PLANT CTY, FL 33563 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 MGRM  
Name TAYLOR, MARAN-ATHA  
Address 11705 BOYETTE ROAD 513  
City-State-Zip: RIVERVIEW FL 33569

*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:** MARAN-ATHA TAYLOR

03/21/2022

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

\_\_\_\_\_  
Date