

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000009896

Entity Name: ALIVE & BLOSSOM HEALTHCARE LLC, A PRIMARY AND PREVENTION CARE CLINIC

Current Principal Place of Business:

1157 E WINGED FOOT CIRCLE
WINTER SPRING, FL 32708

Current Mailing Address:

1157 E WINGED FOOT CIRCLE
WINTER SPRING, FL 32708 US

FEI Number: 86-1936022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALCOURT, MARGALY
1157 E WINGED FOOT CIRCLE
WINTER SPRING, FL 32708 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

Officer/Director Detail :

Title P
Name VALCOURT, MARGALY
Address 1157 E WINGED FOOT CIRCLE
City-State-Zip: WINTER SPRING FL 32708

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGALY VALCOURT

03/30/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date