

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000067537

**Entity Name:** DOVE FIELD HEALTH LLC

**Current Principal Place of Business:**

2241 NORTH MONROE STREET #1014  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2241 NORTH MONROE STREET  
#1014  
TALLAHASSEE, FL 32303 US

**FEI Number:** 87-1919370

**Certificate of Status Desired:** No

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

WARDEN, BRIAN SR.  
2241 NORTH MONROE STREET #1014  
TALLAHASSEE, FL 32303 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 WARDEN, BRIAN A SR.  
Address 1800 DOVE FIELD RUN  
City-State-Zip: TALLAHASSEE FL 32317

*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:** BRIAN WARDEN

**PRESIDENT**

**03/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date