

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000023004

**Entity Name:** CANOPE WELLNESS CARE, PLLC

**Current Principal Place of Business:**

3900 WOODLAKE BLVD.  
SUITE 205  
GREENACRES, FL 33463

**Current Mailing Address:**

4492 THORNWOOD CIRCLE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 45-4553993

**Certificate of Status Desired:** No

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

KNAUS, GABRIELE P MD  
3900 WOOD LAKE BLVD  
STE 205  
GREENACRES, FL 33463 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:** GABRIELE KNAUS, MD

02/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR  
Name KNAUS, GABRIELE P DR.  
Address 4492 THORNWOOD CIRCLE  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** GABRIELE P KNAUS

MD

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date