

2019 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:

2737 NORTH OCEAN DRIVE
RIVIERA BEACH, FL 33404 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

03/18/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIRECTOR
Name KNAUS, GABRIELE P DR.
Address 2737 NORTH OCEAN DRIVE
City-State-Zip: RIVIERA BEACH FL 33404

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 KNAUS

MD

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date