

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000142803

Entity Name: EMPOWER ME CLINICAL PRACTICE, LLC

Current Principal Place of Business:

5350 10TH AVE N
STE 5
GREENACRES, FL 33463

Current Mailing Address:

5350 10TH AVE N
STE 5
GREENACRES, FL 33463 US

FEI Number: 46-1380956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMOTTE, DSW, SELENA DR.
5350 10TH AVE N
STE 5
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: DR SELENA LAMOTTE, DSW

04/26/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name LAMOTTE, DSW LCSW, SELENA DR.
Address 5350 10TH AVE N
STE 5
City-State-Zip: GREENACRES FL 33463

Title AUTHORIZED REPRESENTATIVE
Name BAKER, PAUL
Address 5350 10TH AVE N
STE 5
City-State-Zip: GREENACRES FL 33463

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: DR SELENA LAMOTTE, DSW LCSW

OWNER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date