

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000139970

Entity Name: FLORIDA ALTERNATIVE MEDICINE-NORTH LLC

Current Principal Place of Business:

#1 N. PINELLAS AVE
TARPON SPRINGS, FL 34689

Current Mailing Address:

550 HADLEY DR
PALM HARBOR, FL 34683 US

FEI Number: 87-0954986

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, KEVIN
550 HADLEY DR.
PALM HARBOR, FL 34683 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: KEVIN S. TAYLOR

01/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name TAYLOR, KEVIN S
Address 550 HADLEY DR
City-State-Zip: PALM HARBOR FL 34683

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: KEVIN S. TAYLOR

PRES

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date