

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000217824

**Entity Name:** SHARON NATURAL MEDICAL CENTER LLC

**Current Principal Place of Business:**

924 N MAGNOLIA AVE  
STE 332  
ORLANDO, FL 32803

**Current Mailing Address:**

1937 CORNER GLEN DR.,  
ORLANDO, FL 32820 US

**FEI Number:** 81-4625965

**Certificate of Status Desired:** No

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

SHARON NATURAL MEDICAL CENTER LLC  
1937 CORNER GLEN DR.,  
ORLANDO, FL 32820 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:** JOSEPHINE CHAN

03/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DOM, AP  
Name CHAN, JOSEPHINE C  
Address 1937 CORNER GLEN DR.,  
City-State-Zip: ORLANDO FL 32820

*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:** JOSEPHINE CHAN

OWNER,  
ACUPUNCTURIST

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date