

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156217

**Entity Name:** MEDIX WELLNESS LLC

**Current Principal Place of Business:**

20900 NE 30TH AVE STE 800  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVE STE 800  
AVENTURA, FL 33180 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SARFATI CORPORATE LAW, P.A.  
2670 N.E. 215 STREET  
AVENTURA, FL 33180 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:** DAN SARFATI, ESQ.

04/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRT  
Name ORTIZ, SAUL  
Address 20900 NE 30TH AVE STE 800  
City-State-Zip: AVENTURA FL 33180

*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:** SAUL ORTIZ

MANAGER

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date