

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000133790

**Entity Name:** NEXT LEVEL HEALTH, LLC

**Current Principal Place of Business:**

1808 W INTERNATIONAL SPEEDWAY BLVD  
SUITE 601  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

333 W GRANADA BLVD  
SUITE 200  
ORMOND BEACH, FL 32174 US

**FEI Number:** 83-1033811

**Certificate of Status Desired:** No

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

WARD, TYLER C  
260 RODEO ROAD  
ORMOND BEACH, FL 32174 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WARD, TYLER C  
Address 260 RODEO ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name WARD, JOHN G  
Address 33 WINCHESTER ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name WARD, GILBERT F  
Address 1212 REGENTS STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title MGR  
Name LANES, SHELLIE L  
Address 29 COQUINA RIDGE WAY  
City-State-Zip: ORMOND BEACH FL 32174

*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:** SHELLIE LANES

**MANAGING MEMBER**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date