

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172769

**Entity Name:** HEALTH AFFIXED, LLC

**Current Principal Place of Business:**

2701 W. OAKLAND PARK BLVD.  
STE 215B  
OAKLAND PARK, FL 33311

**Current Mailing Address:**

C/O SOPHIA BLAIR  
2701 W. OAKLAND PARK BLVD. STE215B  
OAKLAND PARK, FL 33311 US

**FEI Number:** 83-1265116

**Certificate of Status Desired:** No

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

BLAIR, ESQ., SOPHIA NS  
2701 W. OAKLAND PARK BLVD.  
STE 215B  
OAKLAND PARK, FL 33311 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            AUTHORIZED MEMBER  
Name            BLAIR, SOPHIA NS  
Address        2701 W. OAKLAND PARK BLVD.  
                  STE 215B  
City-State-Zip: OAKLAND PARK FL 33311

*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:** SOPHIA BLAIR

**MEMBER/OWNER**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date