

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000219067

Entity Name: AL.MA HEALING CENTERS, LLC

Current Principal Place of Business:

1639 FORUM PLACE
SUITE 3
WEST PALM BEACH, FL 33401

Current Mailing Address:

1639 FORUM PLACE
SUITE 3
WEST PALM BEACH, FL 33401 US

FEI Number: 84-3029828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEROLA, JAMES ESQ.
600 SANDTREE DRIVE
SUITE 106
PALM BEACH GARDENS, FL 33403 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: JAMES MEROLA

03/15/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PAJARES, ALICIA B
Address 1639 FORUM PLACE, SUITE 3
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name MALOOF, MARIA I
Address 1639 FORUM PLACE, SUITE 3
City-State-Zip: WEST PALM BEACH FL 33401

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: ALICIA B. PAJARES

MGR

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date