

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000007379

**Entity Name:** GONZALEZNM THERAPY, LLC

**Current Principal Place of Business:**

2530 NW 11 ST  
MIAMI, FL 33125

**Current Mailing Address:**

2530 NW 11 ST  
MIAMI, FL 33125 US

**FEI Number: 84-4316432**

**Certificate of Status Desired: No**

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

MARTINEZ, NERVY  
2530 NW 11 ST  
MIAMI, FL 33125 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: NERVY MARTINEZ**

**09/19/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	SECRETARY
Name	MARTINEZ, NERVY	Name	GARCIGA, SERGIO C
Address	2530 NW 11 ST	Address	6698 SW 30 ST
City-State-Zip:	MIAMI FL 33125	City-State-Zip:	MIAMI FL 33155

*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: NERVY MARTINEZ**

**P**

**09/19/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date