

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000077083

**Entity Name:** HEALTH ZONE 941, LLC

**Current Principal Place of Business:**

5917 MANATEE AVENUE WEST  
SUITE 611  
BRADENTON, FL 34209

**Current Mailing Address:**

807 35TH AVENUE DRIVE WEST  
PALMETTO, FL 34221 US

**FEI Number:** 84-5140039

**Certificate of Status Desired:** No

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

SCHLESINGER, MICHAEL J  
1200 BRICKELL AVENUE  
SUITE 1270  
MIAMI, FL 33131 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 PELAEZ ALCALA, MARIA M  
Address 807 35TH AVENUE DRIVE WEST  
City-State-Zip: PALMETTO FL 34221

*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:** MARIA M. PELAEZ ALCALA

MGR

03/10/2023

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

\_\_\_\_\_  
Date