

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000348933

**Entity Name:** FORT MYERS DPC AND WELLNESS, LLC

**Current Principal Place of Business:**

4755 SUMMERLINN RD  
UNIT 7  
FORT MYERS, FL 33919

**Current Mailing Address:**

8951 TIMBER RUN  
FORT MYERS, FL 33908 US

**FEI Number:** 85-3745656

**Certificate of Status Desired:** Yes

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

BRUCE H. VANDERLAAN, ATTORNEY AT LAW, P.A.  
1500 ROYAL PALM SQUARE BLVD  
SUITE 101  
FORT MYERS, FL 33919 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            AMBR  
Name            LIMA, KIVIT  
Address        8951 TIMBER RUN CT  
City-State-Zip: FORT MYERS FL 33908

Title            AMBR  
Name            GONZALEZ, NADEZHDA  
Address        8951 TIMBER RUN CT  
City-State-Zip: FORT MYERS FL 33908

*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:** NADEZHDA GONZALEZ

**MANAGER**

**03/07/2024**

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

\_\_\_\_\_  
Date