

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000353034

Entity Name: AGELESS VITALITY HEALTH & WELLNESS, PLLC

Current Principal Place of Business:

505 PARKWOOD DR
PANAMA CITY, FL 32405

Current Mailing Address:

505 PARKWOOD DR
PANAMA CITY, FL 32405

FEI Number: 85-3942265

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOURSY, YUSRA
505 PARKWOOD DR
PANAMA CITY, FL 32405 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 MOURSY, YUSRA
Address 505 PARKWOOD DR
City-State-Zip: PANAMA CITY FL 32405

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: YUSRA MOURSY

AMBR

04/24/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date