

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000184680

**Entity Name:** AN OZ. OF WELLNESS HEALTHCARE OF BOCA RATON, LLC

**Current Principal Place of Business:**

9045 LAFONTANA BLVD.  
SUITE 114  
BOCA RATON, FL 33434

**Current Mailing Address:**

9045 LAFONTANA BLVD.  
SUITE 114  
BOCA RATON, FL 33434 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FARBER, ANDREW  
20283 STATE ROAD 7  
SUITE 300  
BOCA RATON, FL 33498 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 FARBER, ANDREW  
Address 20283 STATE ROAD 7 SUITE 300  
City-State-Zip: BOCA RATON FL 33498

*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:** ANDREW FARBER

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_  
Date