

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000210165

**Entity Name:** DISEASE REVERSAL HOPE, LLC

**Current Principal Place of Business:**

5531 CANNES CIRCLE  
SUITE 703  
SARASOTA, FL 34231

**Current Mailing Address:**

5531 CANNES CIRCLE  
SUITE 703  
SARASOTA, FL 34231

**FEI Number:** 86-3851107

**Certificate of Status Desired:** No

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

VITULLO, MARY K  
5531 CANNES CIRCLE  
SUITE 703  
SARASOTA, FL 34231 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            VITULLO, MARY  
Address        5531 CANNES CIRCLE, SUITE 703  
City-State-Zip: SARASOTA FL 34231

Title            MGR  
Name            PURJES, DAN  
Address        415 L AMBIANCE DRIVE #808  
City-State-Zip: LONGBOAT KEY FL 34228

Title            MGR  
Name            STOLL, SCOTT MD  
Address        7101 LYRIC LANE  
City-State-Zip: FRANKLIN TN 37064

*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:** MARY VITULLO

AP

02/01/2024

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

\_\_\_\_\_  
Date