

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000242136

Entity Name: GAPS HEALTH COLLABORATIVE FL PLLC

Current Principal Place of Business:

5319 BETHENY CIRCLE
SUPERIOR TWP, MI 48198

Current Mailing Address:

5319 BETHENY CIRCLE
SUPERIOR TWP, MI 48198 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MBR
Name WILBORN, SONALI
Address 5319 BETHENY CIRCLE
City-State-Zip: SUPERIOR TWP MI 48198

Title AUTHORIZED SIGNOR
Name ANDY, JAIN
Address 5319 BETHENY CIRCLE
City-State-Zip: SUPERIOR TWP MI 48198

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: ANDY JAIN

MEMBER

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date