

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000318826

**Entity Name:** EMEND HEALTH COMPANY (FL) LLC

**Current Principal Place of Business:**

204 37TH AVENUE N  
NO. 468  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

204 37TH AVENUE N  
NO. 468  
ST PETERSBURG, FL 33704 US

**FEI Number:** 88-3287171

**Certificate of Status Desired:** No

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

WILSON, CHRISTOPHER A  
1128 RED MAPLE CIRCLE NE  
ST PETERSBURG, FL 33703 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:** CHRISTOPHER A WILSON

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHRISTOPHER, WILSON  
Address 204 37TH AVENUE N  
NO. 468  
City-State-Zip: ST PETERSBURG FL 33704

Title MANAGER  
Name BREWER, BRANDON SC MR.  
Address 204 37TH AVENUE N  
NO. 468  
City-State-Zip: ST PETERSBURG FL 33704

Title MANAGER  
Name MCNULTY, THOMAS  
Address 204 37TH AVENUE N  
NO. 468  
City-State-Zip: ST PETERSBURG FL 33704

*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:** CHRISTOPHER WILSON

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date