# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L21000333746

Entity Name: AMEN CLINICS SOUTH FLORIDA, PLLC

# **Current Principal Place of Business:**

200 SOUTH PARK ROAD STE 140 HOLLYWOOD, FL 33021

# **Current Mailing Address:**

3150 BRISTOL ST STE. 400 COSTA MESA, CA 92626 UN

## FEI Number: 87-1807834

### Name and Address of Current Registered Agent:

ONEILL, CHRISTINE 3150 BRISTOL ST STE. 400 COSTA MESA, FL 92626 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

### Authorized Person(s) Detail :

TitleMGRNameAMEN CLINICS, INC.Address3150 BRISTOL ST, STE. 400City-State-Zip:COSTA MESA CA 92626

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.

MGR

### SIGNATURE: AMEN CLINICS, INC.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 18, 2024 Secretary of State 6213622849CC

Certificate of Status Desired: No

Date

02/18/2024

Date