

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000372113

Entity Name: WELL WOMAN, L.L.C.**Current Principal Place of Business:**1610 N REUS ST
PENSACOLA, FL 32501**Current Mailing Address:**1610 N REUS ST
PENSACOLA, FL 32501**FEI Number:** 87-4209575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, DR. SONJA L WHNP-BC
1610 N REUS ST
PENSACOLA, FL 32501 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:** DR. SONJA L ALLEN WHNP-BC

04/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP, AUTHORIZED MEMBER
Name ALLEN, JAYLEN J
Address 1610 N REUS ST
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name ALLEN, SAMARI E
Address 1610 N REUS ST
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name ALLEN, DYLAN EARL T
Address 1610 N REUS ST
City-State-Zip: PENSACOLA FL 32501

Title AUTHORIZED MEMBER
Name BILLUPS, TAYLOR A
Address 1405 DARTMOOR LN SE
City-State-Zip: CONYERS GA 30013

Title CEO, PRESIDENT, AUTHORIZED REPRESENTATIVE
Name ALLEN, DR. SONJA L WHNP-BC
Address 1610 N REUS ST
City-State-Zip: PENSACOLA FL 32501

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: DR. SONJA L. ALLEN WHNP-BC

CEO

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date