

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000489498

**Entity Name:** ORGANICALLY DESIGNED HEALTHCARE SYSTEM, LLC

**Current Principal Place of Business:**

1403 DUNN AVE  
STE 2 #380  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1403 DUNN AVE  
STE 2 #380  
JACKSONVILLE, FL 32218

**FEI Number:** 87-3601922

**Certificate of Status Desired:** Yes

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

GRANT, JOSEPH JR  
1403 DUNN AVE  
STE 2 #380  
JACKSONVILLE, FL 32218 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 AR  
Name GRANT, JOSEPH JR  
Address 1403 DUNN AVE, STE 2 #380  
City-State-Zip: JACKSONVILLE FL 32218

*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:** JOSEPH GRANT

**CEO/OWNER**

**01/30/2023**

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

\_\_\_\_\_  
Date