

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000232677

Entity Name: HEAL PRECISELY OF NORTHSIDE, LLC

Current Principal Place of Business:

5880 49TH STREET NORTH
SUITE N-201
ST. PETERSBURG, FL 33709

Current Mailing Address:

5880 49TH STREET NORTH
SUITE N-201
ST. PETERSBURG, FL 33709 US

FEI Number: 88-2740590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASTON, SHADDRICK A
5880 49TH STREET NORTH
N-201
ST. PETERSBURG, FL 33709 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 MGR
Name RIVARD, JENNIFER
Address 5880 49TH STREET NORTH, SUITE N-201
City-State-Zip: ST. PETERSBURG FL 33709

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: JENNIFER RIVARD

MANAGER

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date