

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000273387

**Entity Name:** HEALTHFLOW LLC

**Current Principal Place of Business:**

2100 E HALLANDALE BEACH BLVD  
301  
HALLANDALE, FL 33009

**Current Mailing Address:**

2100 E HALLANDALE BEACH BLVD  
301  
HALLANDALE, FL 33009 US

**FEI Number:** 85-0705138

**Certificate of Status Desired:** No

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

GALEEV, IREK  
210 174 STREET  
1501  
SUNNY ISLES BEACH, FL 33160 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 GALEEV, IREK  
Address 18401 COLLINS AVE APT 100 182  
City-State-Zip: SUNNY ISLES FL 33160

Title AMBR  
Name SLOBODIANIUK, DANIELA  
Address 2501 S OCEAN DR APT 1528  
City-State-Zip: HOLLYWOOD FL 33019

*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:** IREK GALEEV

**MGR**

**03/14/2023**

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

\_\_\_\_\_  
Date