

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000319106

Entity Name: EMBRACE FUNCTIONAL HEALTH, LLC

Current Principal Place of Business:

14310 TUSCANY POINTE TRAIL
NAPLES, FL 34120

Current Mailing Address:

14310 TUSCANY POINTE TRAIL
NAPLES, FL 34120 US

FEI Number: 82-1576897

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 AMBR
Name PAPPAS NOTTAGE, JOANNE
Address 14310 TUSCANY POINTE TRAIL
City-State-Zip: NAPLES FL 34120

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: JOANNE PAPPAS NOTTAGE

OWNER

02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date