

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000389630

**Entity Name:** AAAD COGNITIVE HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

7901 4TH STREET N  
STE 300  
ST. PETERSBURG, FLORIDA 33702

**Current Mailing Address:**

2900 CENTERWOOD DRIVE N  
JACKSON, FL 32218 US

**FEI Number:** 88-4041588

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
1701 4TH ST N  
STE 300  
ST PETERSBURG, FL 33702 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            CEO  
Name            FLETCHER, ASHELLA T  
Address        2900 CENTERWOOD DRIVE N  
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:** ASHELLA FLETCHER

**MRS.**

**04/30/2023**

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

\_\_\_\_\_  
Date