

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000458231

Entity Name: OPTIMIZED HEALTH PROTOCOL LLC

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
STE 5
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE
STE 5
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 92-2327128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLAMIZAR, GONZALO A
430 HUNTERS LAKE WAY
7302
PONTE VEDRA, FL 32081 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 GONZALO, VILLAMIZAR A
Address 197 CROSS BRANCH DRIVE
City-State-Zip: PONTE VEDRA FL 32081

Title MGR
Name LANGDON, COMEE N
Address 197 CROSS BRANCH DRIVE
City-State-Zip: PONTE VEDRA FL 32081

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: GONZALO VILLAMIZAR

MANAGER

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date