

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000495651

**Entity Name:** WHOLESOME THERAPY CENTER INC

**Current Principal Place of Business:**

2200 DIXIE HIGHWAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

450 NW 14TH AVE  
BOCA RATON, FL 33486 US

**FEI Number:** 92-1204681

**Certificate of Status Desired:** No

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

BOIKOVA, ANASTASIYA  
450 NW 14TH AVE  
BOCA RATON, FL 33486 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 P  
Name BOIKOVA, ANASTASIYA  
Address 450 NW 14TH AVE  
City-State-Zip: BOCA RATON FL 33486

*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:** ANASTASIYA BOIKOVA

**OWNER**

**01/27/2024**

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

\_\_\_\_\_  
Date