

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000498203

Entity Name: ACCIDENT WELLNESS CENTERS, LLC

Current Principal Place of Business:

13801 BRUCE B DOWNS BLVD
SUITE 406
TAMPA, FL 33613

Current Mailing Address:

13801 BRUCE B DOWNS BLVD
SUITE 406
TAMPA, FL 33613 US

FEI Number: 88-4318866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOM LAW, PA
1814 N 15TH STREET
TAMPA, FL 33605 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 SARRIA, JOSE E DR.
Address 17233 EMERALD CHASE DRIVE
City-State-Zip: TAMPA FL 33647

Title AMBR
Name DEL RIO, RICHARD
Address 3350 CLOVER PLACE AVENUE
City-State-Zip: PALM HARBOR FL 34684

Title AMBR
Name PINTO, JUAN CARLOS
Address 1628 STETSON DRIVE
City-State-Zip: WESLEY CHAPEL FL 33543

Title AR
Name DOM LAW, PA
Address 1814 N 15TH STREET
City-State-Zip: TAMPA FL 33605

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: /DOMENICK LAZZARA, DOM LAW, PA, AS AR/

AR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date