

**2024 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

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date