

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000358897

**Entity Name:** ZENACARE WOUND HEALING CENTER LLC

**Current Principal Place of Business:**

16800 NW 2 AVENUE  
SUITE 306  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

16800 NW 2 AVENUE  
SUITE 306  
NORTH MIAMI BEACH, FL 33169 US

**FEI Number:** 93-2761332

**Certificate of Status Desired:** No

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

LUSHER, OLEG  
16800 NW 2 AVENUE  
SUITE 306  
NORTH MIAMI BEACH, FL 33169 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 LUSHER, OLEG  
Address 16800 NW 2 AVE. SUITE 306  
City-State-Zip: NORTH MIAMI BEACH FL 33169

*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:** OLEG LUSHER

**MANAGER**

**01/26/2024**

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

\_\_\_\_\_  
Date