

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000063736

Entity Name: WELLNESS HEALTH PROVIDERS, APN HOUSE CALLS, LLC.

Current Principal Place of Business:

6262 SE 121 PL
BELLEVIEW, FL 34420

Current Mailing Address:

7970 SW 62ND CT
OCALA, FL 34476 US

FEI Number: 46-5435326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENA, GLORIA A NP.
6262 SE 121 PL
BELLEVIEW, FL 34420 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: GLORIA A. PENA

01/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PENA, GLORIA
Address 7970 SW 62ND CT
City-State-Zip: Ocala FL 34476

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: GLORIA A. PENA

OWNER

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date