

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000006449

**Entity Name:** GIFT OF HEALTH FL, LLC

**Current Principal Place of Business:**

8538 PARK SHORE LANE  
SARASOTA, FL 34238

**Current Mailing Address:**

8538 PARK SHORE LANE  
SARASOTA, FL 34238

**FEI Number: 81-4955452**

**Certificate of Status Desired: No**

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

PIKE LAW FIRM, PA  
4901 26TH ST WEST  
SUITE B  
BRADENTON, FL 34207 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 DATS, OXANA  
Address 8538 PARK SHORE LANE  
City-State-Zip: SARASOTA FL 34238

*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: OXANA DATS** \_\_\_\_\_

**AUTHORIZED AGENT**

**02/08/2022**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date