

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000081830

Entity Name: CLINICAL THERAPEUTIC HEALTH GROUP, LLC

Current Principal Place of Business:

29399 US HWY 19N
CLEARWATER , FL 33761

Current Mailing Address:

29399 US HWY 19N
CLEARWATER, FL 33761 US

FEI Number: 82-5215271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS , MARIANNE BERGMANN
5930 PAPPILLION LN
HOLIDAY, FL 34690 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: MARIANNE BERGMANN WILLIAMS

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name WILLIAMS, MARIANNE BERGMANN
Address 29399 US HWY 19N
City-State-Zip: CLEARWATER FL 33761

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: MARIANNE WILLIAMS

PRESIDENT

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date