

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000163040

**Entity Name:** DR. THORNBURG WELLNESS LLC

**Current Principal Place of Business:**

5500 BRYSON DRIVE  
SUITE 301B  
NAPLES, FL 34109

**Current Mailing Address:**

5500 BRYSON DRIVE  
SUITE 301B  
NAPLES, FL 34109 US

**FEI Number:** 83-1310015

**Certificate of Status Desired:** No

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

THORNBURG, JAMES B  
5500 BRYSON DRIVE  
SUITE 301B  
NAPLES, FL 34109 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 THORNBURG, JAMES B  
Address 5500 BRYSON DRIVE  
SUITE 301B  
City-State-Zip: NAPLES FL 34109

*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:** JAMES BRIAN THORNBURG

**MANAGER**

**03/28/2022**

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

\_\_\_\_\_  
Date