

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000195183

**Entity Name:** GALAXY WELLNESS & ORTHO-SPINE CENTER LLC

**Current Principal Place of Business:**

9772 SW 24TH STREET  
MIAMI, FL 33165

**Current Mailing Address:**

9772 SW 24TH STREET  
MIAMI, FL 33165 US

**FEI Number:** 83-1588669

**Certificate of Status Desired:** No

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

PONCE DE LEON, JOSE L MD  
9774 SW 24 ST  
MIAMI, FL 33165 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	Title	AUTHORIZED MEMBER
Name	PONCE DE LEON, JOSE LUIS MD	Name	CEPEDA, JORGE A
Address	9774 SW 24 ST	Address	9774 SW 24 ST
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** JOSE LUIS PONCE DE LEON

**PRESIDENT**

**04/29/2025**

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

\_\_\_\_\_  
Date