

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000281560

Entity Name: SNAP HUMAN ALIGNMENT OF MIAMI BEACH, LLC

Current Principal Place of Business:

815 NW 57TH AVE
SUITE 405
MIAMI, FL 33126

Current Mailing Address:

815 NW 57TH AVE
SUITE 405
MIAMI, FL 33126 US

FEI Number: 35-2651290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC
815 NW 57TH AVE
SUITE 405
MIAMI, FL 33126 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 CERECEDA, MARK A
Address 815 NW 57TH AVE
SUITE 405
City-State-Zip: MIAMI FL 33126

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: MARK CERECEDA

MGR

02/07/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date