

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000220043

Entity Name: FLOURISH HEALTH NETWORK PLLC

Current Principal Place of Business:

1330 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32601

Current Mailing Address:

1330 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32601 US

FEI Number: 84-2859048

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOAH, SAMANTHA
1330 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32601 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 NOAH, SAMANTHA
Address 176 SW BRADENTON WAY
City-State-Zip: FORT WHITE FL 32038

Title AMBR
Name CONLON, JENNIFER APRN
Address 9705 SW 81ST WAY
City-State-Zip: GAINESVILLE FL 32608

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: SAMANTHA NOAH

APRN

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date