

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000296351

**Entity Name:** UNITY ADVANCED HEALTHCARE AND WELLNESS, PLLC

**Current Principal Place of Business:**

701 PARK AVE  
LAKE PARK, FL 33403

**Current Mailing Address:**

16667 MURCOTT BLVD  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 84-4052581

**Certificate of Status Desired:** Yes

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

DUCLAIR, MARIE VOLINE DR.  
16667 MURCOTT BLVD  
LOXHATCHEE, FL 33470 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:** DR. MARIE DUCLAIR

02/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DUCLAIR, MARIE V  
Address 16667 MURCOTT BLVD  
City-State-Zip: LOXAHATCHEE FL 33470

Title AMBR  
Name PREVILUS, MARIE R  
Address 13683 PERSIMMON BLVD  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** MARIE DUCLAIR

AMBR

02/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date