2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2025
Secretary of State
4298345424CC

DOCUMENT# L20000015641

Entity Name: DANIEL STEPHENSON CLINIC LLC

Current Principal Place of Business:

1335 PINES LANE
WEST PALM BEACH, FL 33415

Current Mailing Address:

1335 PINES LANE
WEST PALM BEACH, FL 33415

FEI Number: 84-4427643

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEPHENSON, DANIEL D
1335 PINES LANE
WEST PALM BEACH, FL 33415 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	MANAGER
Name	STEPHENSON, DANIEL D
Address	1335 PINES LANE
City-State-Zip:	WEST PALM BEACH FL 33415

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: DANIEL STEPHENSON MANAGER 02/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date