

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000025587

Entity Name: CLINIC 2 YOU, HEALTH CARE NETWORK LLC

Current Principal Place of Business:

5069 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

Current Mailing Address:

5069 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

FEI Number: 85-0554899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILBERT, JEAN LOUIS
6692 WAVERLY LANE
LAKE WOTH, FL 33467 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 JEAN LOUIS, GILBERT
Address 6692 WAVERLY LANE
City-State-Zip: LAKE WORTH FL 33467

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: GILBERT JEAN LOUIS

CEO

02/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date