

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000060215

Entity Name: INVIGORATE WELLNESS MEDICAL LLC

Current Principal Place of Business:

3622 GALILEO DR
SUITE 102
NEW PORT RICHEY, FL 34655

Current Mailing Address:

3622 GALILEO DR
SUITE 102
NEW PORT RICHEY, FL 34655 US

FEI Number: 84-4739125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAKAES, SARAFEM
3622 GALILEO DR
SUITE 102
NEW PORT RICHEY, FL 34655 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: SARAFEM KAKAES

02/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name KAKAES, SARAFEM
Address 3622 GALILEO DR
SUITE 102
City-State-Zip: NEW PORT RICHEY FL 34655

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: SARAFEM KAKAES

OWNER

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date