

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000094167

**Entity Name:** PROVECTUS HEALTH, LLC

**Current Principal Place of Business:**

5230 ALHAMBRA CIR  
CORAL GABLES, FL 33146-1931

**Current Mailing Address:**

5230 ALHAMBRA CIR  
CORAL GABLES, FL 33146-1931 US

**FEI Number:** 85-0579255

**Certificate of Status Desired:** No

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

GONZALEZ-BEICOS, ALDO  
5230 ALHAMBRA CIR  
CORAL GABLES, FL 33146-1931 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 GONZALEZ-BEICOS, ALDO  
Address 5230 ALHAMBRA CIR  
City-State-Zip: CORAL GABLES FL 33146-1931

*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:** ALDO GONZALEZ-BEICOS, MD

CEO

03/06/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date