

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000358770

Entity Name: HEALTH POWER NETWORK LLC

Current Principal Place of Business:

17633 GUNN HWY, SUITE 104
ODESSA, FL 33556

Current Mailing Address:

17633 GUNN HWY, SUITE 104
ODESSA, FL 33556 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGMANN, FREDERICK J CPA
3401 W LEONA STREET
TAMPA, FL 33629 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: FREDERICK J BERGMANN CPA

05/01/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CREEKWISE HOLDINGS LLC
Address 17633 GUNN HWY, SUITE 186
City-State-Zip: ODESSA FL 33556

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: CASSANDRA LEONARD

MANAGER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date