

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000001434

**Entity Name:** MY HEALTH ANGEL GROUP LLC

**Current Principal Place of Business:**

6421 CONGRESS AVENUE  
SUITE 100  
BOCA RATON, FL 33487

**Current Mailing Address:**

4801 LINTON BLVD  
SUITE 11A  
DELRAY BEACH, FL 33445

**FEI Number:** 86-1361967

**Certificate of Status Desired:** No

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

STEIN, DAVID  
4801 LINTON BLVD  
SUITE 11A  
DELRAY BEACH, FL 33445 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 STEIN, DAVID  
Address 4801 LINTON BLVD, SUITE 11A  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name FELDMAN, DANIEL  
Address 4801 LINTON BLVD, SUITE 11A  
City-State-Zip: DELRAY BEACH FL 33445

*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:** DAVID A STEIN

COO

01/24/2022

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

\_\_\_\_\_  
Date