

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000267873

**Entity Name:** AVERY TELEHEALTH, LLC

**Current Principal Place of Business:**

8585 E. BELL ROAD, SUITE 102  
SCOTTSDALE, AZ 85260-1303

**Current Mailing Address:**

8585 E. BELL ROAD, SUITE 102  
SCOTTSDALE, AZ 85260-1303 US

**FEI Number:** 27-3302033

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ASPENSON, MARK AVERY  
Address 8585 E. BELL ROAD, SUITE 102  
City-State-Zip: SCOTTSDALE AZ 85260-1303

*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:** MARK AVERY ASPENSON

MANAGER

02/06/2024

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

\_\_\_\_\_ Date