

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000382218

Entity Name: FREEDOM HEALTH CLINIC, LLC

Current Principal Place of Business:

1204 GREY FOX HOLLOW DRIVE
WINTER HAVEN, FL 33880

Current Mailing Address:

1204 GREY FOX HOLLOW DRIVE
WINTER HAVEN, FL 33880 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 MURPHY, NICHOLE
Address 1204 GREY FOX HOLLOW DRIVE
City-State-Zip: WINTER HAVEN FL 33880

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: NICHOLE MURPHY

MRS.

04/29/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date