

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000386636

**Entity Name:** ADONIS BLUE HEALTH LLC

**Current Principal Place of Business:**

8987  
BRIARWOOD MEADOW LANE  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

8987  
BRIARWOOD MEADOW LANE  
BOYNTON BEACH, FL 33473 UN

**FEI Number:** 87-3429610

**Certificate of Status Desired:** Yes

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

DOYLE, BRIDGETTE RN, MSN  
8987  
BRIARWOOD MEADOW LANE  
BOYNTON BEACH, FL 33473 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            CEO  
Name            DOYLE, BRIDGETTE RN, MSN  
Address        8987, BRIARWOOD MEADOW LANE  
City-State-Zip: BOYNTON BEACH FL 33473

Title            CFO  
Name            JOSEPH, NICOLE ZALVAY N  
Address        8987, BRIARWOOD MEADOW LANE  
City-State-Zip: BOYNTON BEACH FL 33473

*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:** BRIDGETTE DOYLE, MSN, RN

CFO

04/18/2022

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

\_\_\_\_\_  
Date