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. 09/15/2022

SIGNATURE: CHERISTHENE ALCIDA

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000460803

Entity Name: ALCIDA THE HOUSE DOCTOR LLC

Current Principal Place of Business:

2996 MAJESTIC ISLE DRIVE CLERMONT, FL 34711

Current Mailing Address:

2996 MAJESTIC ISLE DRIVE CLERMONT. FL 34711 US

FEI Number: 87-3245718

Name and Address of Current Registered Agent:

ALCIDA, CHERISTHENE 2996 MAJESTIC ISLE DRIVE CLERMONT, FL 34711 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.

CHERISTHENE ALCIDA			09/15/2022
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGR	Title	PRESIDENT	
ALCIDA, CHANGLAISE	Name	CHERISTHENE, ALCIDA	
440 CHEYENNE DR	Address	2996 MAJESTIC ISLE DRIVE	
LANTANA FL 33462	City-State-Zip:	CLERMONT FL 34711	
	Electronic Signature of Registered Agent erson(s) Detail : MGR ALCIDA, CHANGLAISE 440 CHEYENNE DR	Electronic Signature of Registered Agent erson(s) Detail : MGR Title ALCIDA, CHANGLAISE Name 440 CHEYENNE DR Address	Electronic Signature of Registered Agent erson(s) Detail : MGR Title MGR, CHANGLAISE Name ALCIDA, CHANGLAISE Name 440 CHEYENNE DR Address 2996 MAJESTIC ISLE DRIVE

PRESIDENT

Certificate of Status Desired: No

FILED Sep 15, 2022 Secretary of State 8764430590CC

Date