

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000485649

Entity Name: NEUROPATHY AND WOUND CARE CENTERS OF AMERICA, LLC

Current Principal Place of Business:

736 ISLAND WAY
#302
CLEARWATER, FL 33767

Current Mailing Address:

736 ISLAND WAY
#302
CLEARWATER, FL 33767 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEYER, ALBERT
55 S.E. 2ND AVE, 1ST FLOOR
1ST FLOOR
DELRAY BEACH, FL 33444 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: ALBERT MEYER

02/21/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WHITE, KEVIN
Address 424 MORNING FOREST LANE
City-State-Zip: MADISON MS 39110

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: KEVIN WHITE

MANAGER

02/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date