

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000497726

**Entity Name:** HOPE POINT INSTITUTE OF HEALING, LLC

**Current Principal Place of Business:**

37333 UNIVERSITY BLVD. WEST  
SUITE 202  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

37333 UNIVERSITY BLVD. WEST  
SUITE 202  
JACKSONVILLE, FL 32217 US

**FEI Number:** 87-4614747

**Certificate of Status Desired:** Yes

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

HENRY, MYRA  
14083 SUMMER BREEZE DRIVE EAST  
JACKSONVILLE, FL 32218 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 AR  
Name JAMES, GAIL K  
Address 15770 STEDMAN LAKE DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

Title AP  
Name HENRY, JEROME L SR.  
Address 14083 SUMMER BREEZE DRIVE EAST  
City-State-Zip: JACKSONVILLE FL 32218

*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:** GAIL JAMES

**PRESIDENT**

**01/31/2024**

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

\_\_\_\_\_  
Date