

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000508582

**Entity Name:** INNOVATION MEDICAL CENTER, LLC

**Current Principal Place of Business:**

50 NE 26TH AVE ST  
STE 310  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

50 NW 26 AVE ST  
STE 310  
PONPANO BEACH, FL 33062 US

**FEI Number:** 87-3827381

**Certificate of Status Desired:** Yes

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

COUCELO ASSOCIATES, INC  
1818 S AUSTRALIAN AVENUE  
SUITE 230  
WEST PALM BEACH, FL 33409 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 AMBR  
Name THE TELEMEDICINE WELLNESS  
CONNECTION, LLC  
Address 16192 COASTAL HIGHWAY  
City-State-Zip: LEWES DE 19958

*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:** ARNALDO COUCELO

AMBR

01/30/2023

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

\_\_\_\_\_  
Date