

2024 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: No

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: DR. DUQUE

MANAGER

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date