

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000524226

Entity Name: HEALIX MEDICAL, LLC**Current Principal Place of Business:**17510 N. US HWY 41 STE B
LUTZ, FL 33549**Current Mailing Address:**17510 N. US HWY 41 STE B
LUTZ, FL 33549 US**FEI Number: 87-3991354****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUGG, JOSEPH
401 E JACKSON ST STE 3100
TAMPA, FL 33602 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	PETRILLO, NICK
Address	17510 N. US HWY 41 STE B
City-State-Zip:	LUTZ FL 33549

Title	AMBR
Name	POW, KEITH
Address	17510 N. US HWY 41 STE B
City-State-Zip:	LUTZ FL 33549

Title	AMBR
Name	PATEL, DEVAN
Address	17510 N. US HWY 41 STE B
City-State-Zip:	LUTZ FL 33549

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: DEVAN PATEL**MEMBER****04/28/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date