

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000452092

**Entity Name:** DR. CELENA A. HEINE THERAPY, LLC

**Current Principal Place of Business:**

3322 BENNETT ACRES PLACE  
DOVER, FL 33527

**Current Mailing Address:**

3322 BENNETT ACRES PLACE  
DOVER, FL 33527 US

**FEI Number:** 92-0805838

**Certificate of Status Desired:** Yes

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

HEINE, CELENA ANN DR.  
3322 BENNETT ACRES PLACE  
DOVER, FL 33527 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:** DR. CELENA ANN HEINE

03/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HEINE, CELENA  
Address 3322 BENNETT ACRES PLACE  
City-State-Zip: DOVER FL 33527

*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 CELENA A HEINE

OWNER

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date