2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2024
Secretary of State
4358142467CC

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Entity Name: HEALWELL REGENERATIVE INSTITUTE, LLC

Current Principal Place of Business:

6801 COLINS AVE
MIAMI BEACH, FL 33141

Current Mailing Address:

7135 COLLINS AVE
APT #1401
MIAMI BEACH, FL 33141 US

FEI Number: 92-3186722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILSMAN ACCOUNTING AND TAX SERVICE, INC
33 SW 12TH TERRACE
BOCA RATON, FL 33486 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	MGR	Title	MGR
Name	DOYLE, SARAH E	Name	MORRIS, CLIFFORD M
Address	7135 COLLINS AVE APT #1401	Address	242 NE 9TH STREET
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	DELRAY BEACH FL 33444

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: SARAH DOYLE MGR 03/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date