

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000259130

**Entity Name:** CAREWELL HEALTH LLC

**Current Principal Place of Business:**

111 NORTH ORANGE AVENUE  
800  
ORLANDO, FL 32801

**Current Mailing Address:**

1330 FAIRMONT AVE NW  
APT 3074  
ATLANTA, GA 30318 US

**FEI Number:** 93-1642214

**Certificate of Status Desired:** No

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

SAMUELS, JANAIYA  
111 NORTH ORANGE AVENUE  
800  
ORLANDO, FL 30309 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  
Name SAMUELS, JANAIYA  
Address 1330 FAIRMONT AVE NW  
APT 3074  
City-State-Zip: ATLANTA GA 30318

*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:** JANAIYA SAMUELS

MGR

04/30/2025

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

\_\_\_\_\_  
Date