

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000506447

Entity Name: THRIVEWELL CARE, LLC

Current Principal Place of Business:

6301 NW 5TH WAY
SUITE 304 3RD FLOOR
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6301 NW 5TH WAY
SUITE 304 3RD FLOOR
FORT LAUDERDALE, FL 33309 US

FEI Number: 93-4534436

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 THRIVEWELL MEDICAL, LLC
Address 1505 NW 167TH STREET
4TH FLOOR
City-State-Zip: MIAMI GARDENS FL 33169

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: JESSICA CHEN

MGR

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date