

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L23000557928

Entity Name: NEPHRON WELLNESS LLC

Current Principal Place of Business:

487 SADDLEBROOK LANE
NAPLES, FL 34110

Current Mailing Address:

487 SADDLEBROOK LANE
NAPLES, FL 34110

FEI Number: 99-0659705

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUSSO, MARK S MD, PHD
487 SADDLEBROOK LANE
NAPLES, FL 34110 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: MARK S RUSSO, MD, PHD

11/21/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RUSSO, MARK S MD,PHD
Address 487 SADDLEBROOK LANE
City-State-Zip: NAPLES FL 34110

Title MGR
Name STRICEVIC, VERA MD
Address 487 SADDLEBROOK LANE
City-State-Zip: NAPLES FL 34110

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: MARK S. RUSSO, MD, PHD

MEMBER

11/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date