

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000067278

**Entity Name:** ENDOCRINE HELP, PLLC

**Current Principal Place of Business:**

6251 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449

**Current Mailing Address:**

6251 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449 US

**FEI Number:** 99-1239583

**Certificate of Status Desired:** Yes

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

SILVA-AUERBACH, ANA CAROLINA  
6251 WILD ORCHID TRAIL  
LAKE WORTH, FL 33449 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:** ANA CAROLINA SILVA-AUERBACH

02/14/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DR  
Name SILVA-AUERBACH, ANA CAROLINA C  
Address 6251 WILD ORCHID TRAIL  
City-State-Zip: LAKE WORTH FL 33449

*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:** ANA CAROLINA SILVA-AUERBACH

DR

02/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date