

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000139659

Entity Name: METAMORPHOSIS HEALTH LLC

Current Principal Place of Business:

550 SE 6TH AVE
SUITE 200Y
DELRAY BEACH, FL 33483

Current Mailing Address:

550 SE 6TH AVE
SUITE 200Y
DELRAY BEACH, FL 33483 US

FEI Number: 99-2162644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOUNT BORRERO, GABRIELLE
550 SE 6TH AVE
SUITE 200Y
DELRAY BEACH, FL 33483 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 MOUNT BORRERO, GABRIELLE
Address 550 SE 6TH AVE
200Y
City-State-Zip: DELRAY BEACH FL 33483

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: GABRIELLE MOUNT BORRERO

04/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date