

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000004305

Entity Name: NEULINE HEALTH MANAGEMENT LLC

Current Principal Place of Business:

1402 S. CUSTER RD, STE 302
MCKINNEY, TX 75072

Current Mailing Address:

P.O. BOX 6529
MCKINNEY, TX 70571-5114

FEI Number: 37-1848588

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, FRANK III
111 N BELCHER RD STE 203A
CLEARWATER, FL 33765-3259 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 GRAY, FRANK III
Address 8751 COLLIN MCKINNEY PKWY., STE
701
City-State-Zip: MCKINNEY TX 75070

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: FRANK GRAY III

MEMBER

05/28/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date