

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000004305

**Entity Name:** NEULINE HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

111 N BELCHER RD STE 203A  
CLEARWATER, FL 33765-3259

**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 P.O. BOX 6529  
City-State-Zip: MCKINNEY TX 75071-5114

*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**

**MGR**

**03/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date