

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000331845

Entity Name: GET WELL MED LLC

Current Principal Place of Business:

11705 BOYETTE ROAD
513
RIVERVIEW, FL 33569

Current Mailing Address:

11705 BOYETTE ROAD
513
RIVERVIEW, FL 33569 US

FEI Number: 87-1783089

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JEROME PRIME INC
1201 S COLLINS ST
2
PLANT CTY, FL 33563 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 MGRM
Name TAYLOR, MARAN-ATHA
Address 11705 BOYETTE ROAD 513
City-State-Zip: RIVERVIEW FL 33569

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: MARAN-ATHA TAYLOR

MANAGER

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date