

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000406007

Entity Name: HEALOSOPHER LLC

Current Principal Place of Business:

3000 SPRING PARK RD
PO BOX #5931
JACKSONVILLE, FL 32247

Current Mailing Address:

3000 SPRING PARK RD
PO BOX #5931
JACKSONVILLE, FL 32247 US

FEI Number: 87-3758345

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAKER, JADA V
3000 SPRING PARK RD
PO BOX #5931
JACKSONVILLE, FL 32247 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 AR
Name BAKER, JADA V
Address 3000 SPRING PARK RD
PO BOX #5931
City-State-Zip: JACKSONVILLE FL 32247

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: JADA BAKER

RA

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date