

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000515758

Entity Name: AMPLIFIED VITALITY WELLNESS CLINIC, LLC

Current Principal Place of Business:

312 NE 26TH ST
WINTON MANORS, FL 33305

Current Mailing Address:

312 NE 26TH ST
WINTON MANORS, FL 33305

FEI Number: 92-1606392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCK SLATER
312 NE 26TH ST
WINTON MANORS, FL 33305 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 LACROSS, CHRISTOPHER P
Address 312 NE 26TH ST
City-State-Zip: WILTON MANORS FL 33305

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: CHRISTOPHER P LACROSS MD

OWNER

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date