

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000049592

**Entity Name:** NAPLES HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

11181 HEALTH PARK BLVD STE 2240  
NAPLES, FL 34110

**Current Mailing Address:**

11181 HEALTH PARK BLVD STE2240  
NAPLES, FL 34110 US

**FEI Number:** 92-2015784

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CPA PARTNERS, LLC  
8200 - 113TH STREET NORTH, SUITE 103  
SEMINOLE, FL 33772 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            AMBR  
Name            DR. ANDREW M. BERNSTEIN  
Address        6079 SHALLOWS WAY  
City-State-Zip: NAPLES FL 34109

*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:** ANDREW BERNSTEIN

PHYSICIAN/CEO

01/23/2024

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

\_\_\_\_\_ Date