

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000404852

Entity Name: GAIA HEALTH, PLLC

Current Principal Place of Business:

640 SW 164TH AVE.
PEMBROKE PINES, FL 33027

Current Mailing Address:

640 SW 164TH AVE.
PEMBROKE PINES, FL 33027 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 THOMPSON, KIMO QUINCY
Address 640 SW 164TH AVE.
City-State-Zip: PEMBROKE PINES FL 33027

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: KIMO QUINCY THOMPSON

AMBR

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date