

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024191

Entity Name: AVANT HEALTHCARE PROFESSIONALS, LLC

Current Principal Place of Business:

2301 LUCIEN WAY
SUITE 360
MAITLAND, FL 32751

FILED
Jan 04, 2024
Secretary of State
7334384643CC

Current Mailing Address:

2301 LUCIEN WAY
SUITE 360
MAITLAND, FL 32751

FEI Number: 20-0072798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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: MANAGER
Name: JACKSON, RICHARD L.
Address: 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

Title: MEMBER
Name: AVANT HEALTHCARE PROFESSIONALS HOLDINGS LLC
Address: 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

Title: MEMBER
Name: JACKSON HEALTHCARE, LLC
Address: 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA FL 30009

Title: VP
Name: JACKSON, R. SHANE
Address: 2301 LUCIEN WAY SUITE 360
City-State-Zip: MAITLAND FL 32751

Title: CFO
Name: KURTZ, LESLIE
Address: 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

Title: SECRETARY
Name: MITCHELL, JAY
Address: 2655 NORTHWINDS PARKWAY
City-State-Zip: ALPHARETTA GA 30009

Title: PRESIDENT
Name: ZAHAROFF, MARISA
Address: 2301 LUCIEN WAY SUITE 360
City-State-Zip: MAITLAND FL 32751

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: MARISA ZAHAROFF

PRESIDENT

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date