

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000029565

Entity Name: REDDY HEALTHCARE AND CONSULTING, LLC**Current Principal Place of Business:**8145 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952**Current Mailing Address:**8145 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US**FEI Number:** 27-5456287**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FLAVIN NOONEY & PERSON
2200 S. BABCOCK STREET
MELBOURNE, FL 32901 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:** THOMAS P. FLAVIN

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	REDDY, PRAKASH V
Address	8145 S. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32952

Title	REGISTERED AGENT
Name	FLAVIN NOONEY & PERSON CPAS
Address	2200 S. BABCOCK STREET
City-State-Zip:	MELBOURNE FL 32901

Title	MANAGER
Name	REDDY, ANJANA
Address	8145 S. TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32952

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: ANJANA REDDY

MANAGER

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date