

2018 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: No

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

04/30/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	REGISTERED AGENT
Name	REDDY, PRAKASH V	Name	FLAVIN NOONEY & PERSON CPAS
Address	8145 S. TROPICAL TRAIL	Address	2200 S. BABCOCK STREET
City-State-Zip:	MERRITT ISLAND FL 32952	City-State-Zip:	MELBOURNE FL 32901

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: FLAVIN NOONEY & PERSON CPAS

REGISTERED AGENT

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date