

**2024 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

01/25/2024

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

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date