

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000064317

**Entity Name:** SYSTEMS4HEALTH, LLC

**Current Principal Place of Business:**

7491 RIDGEFIELD LANE  
LAKE WORTH, FL 33467-3309

**Current Mailing Address:**

7491 RIDGEFEILD LANE  
LAKE WORTH, FL 33467 US

**FEI Number:** 45-5265517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HABIB, BOB  
7491 RIDGEFIELD LANE  
LAKE WORTH, FL 33467 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 MGRM  
Name HABIB, BOB  
Address 7491 RIDGEFIELD LANE  
City-State-Zip: LAKE WORTH FL 33467

Title MGRM  
Name MARTIN, GREGORY DR.  
Address 1126 ISLAND DR.  
City-State-Zip: DELRAY BEACH FL 33483

Title MGRM  
Name MANHEIMER, GARY  
Address 1415 W 24TH ST.  
City-State-Zip: MIAMI BEACH FL 33140

*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:** BOB HABIB

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date