

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000161940

**Entity Name:** MEDICAL HOME ALLIANCE, LLC**Current Principal Place of Business:**6675 WESTWOOD BLVD.  
STE 475  
ORLANDO, FL 32821**Current Mailing Address:**6675 WESTWOOD BLVD.  
STE 475  
ORLANDO, FL 32821 US**FEI Number:** 46-1640939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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	PICHARDO, NELSON M.
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	LIEBERMANN, ETHAN
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	CARTER, MARK
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	WALKER, DONNA
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

Title	MANAGER
Name	SKOBEL, JEFFREY
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

Title	AUTHORIZE SIGNER
Name	CREMATA, ARMANDO
Address	6675 WESTWOOD BLVD. STE 475
City-State-Zip:	ORLANDO FL 32821

*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:** ARMANDO CREMATA

AUTHORIZE SIGNER

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date