

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026201

**Entity Name:** GENESIS PROHEALTH LLC

**Current Principal Place of Business:**

4615 CAPITAL DR.  
LAKE WORTH, FL 33463

**Current Mailing Address:**

4615 CAPITAL DR.  
LAKE WORTH, FL 33463 US

**FEI Number:** 46-2075785

**Certificate of Status Desired:** No

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

MICHEL, KARL H  
4615 CAPITAL DR.  
LAKE WORTH, FL 33463 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            PRESIDENT, CEO  
Name           MICHEL, KARL H  
Address        4615 CAPITAL DR.  
City-State-Zip: LAKE WORTH FL 33463

Title            VP, COO  
Name           SAINTANNE, CLAUDIA  
Address        4615 CAPITAL DR.  
City-State-Zip: LAKE WORTH FL 33463

*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:** KARL MICHEL

**PRESIDENT**

**04/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date