

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000176821

**Entity Name:** CUSTOMIZED HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

2501 WEST MAIN STREET  
SUITE 108  
LEESBURG, FL 34748

**Current Mailing Address:**

6053 SPINNAKER LOOP  
LADY LAKE, FL 32159 US

**FEI Number:** 46-4455659

**Certificate of Status Desired:** No

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

BOSTAPH, KEITH L  
6053 SPINNAKER LOOP  
LADY LAKE, FL 32159 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 MGR  
Name BOSTAPH, KEITH L  
Address 6053 SPINNAKER LOOP  
City-State-Zip: LADY LAKE FL 32159

*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:** KEITH BOSTAPH DC

MGR

03/29/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date