# 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.

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000083986

Entity Name: ADVANTAGE HEALTH CONSULTING, LLC

#### **Current Principal Place of Business:**

1014 GRANADA BLVD CORAL GABLES. FL 33134

#### **Current Mailing Address:**

1014 GRANADA BLVD CORAL GABLES. FL 33134 US

### FEI Number: 47-3978653

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

WILSON, EVERETT 1111BRICKELL AVE **SUITE 2800** MIAMI, FL 33131 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: EVERETT WILSON

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title MGR ADVANTAGE HEALTH. INC Name Address 1014 GRANADA BLVD City-State-Zip: CORAL GABLES FL 33134

04/28/2021 SIGNATURE: EVERETT WILSON AR

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Apr 28, 2021 Secretary of State 2466008642CC

Certificate of Status Desired: No

04/28/2021 Date

Date