

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000014034

Entity Name: ANA PATIENTS CARE LLC

Current Principal Place of Business:

10250 NW 80 CT
APT 306
HIALEAH GARDENS, FL 33016

Current Mailing Address:

10250 NW 80 CT
APT 306
HIALEAH GARDENS, FL 33016

FEI Number: 81-1214749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, ANA
10250 NW 80 CT
APT 306
HIALEAH GARDENS, FL 33016 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 GONZALEZ, ANA
Address 10250 NW 80 CT APT 306
City-State-Zip: HIALEAH GARDENS FL 33016

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: ANA GONZALEZ

MGR

01/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date