

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000081205

**Entity Name:** ANA HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

9291 NW 114 ST

1

HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

9291 NW 114 ST

1

HIALEAH GARDENS, FL 33018 US

**FEI Number:** 81-2432416

**Certificate of Status Desired:** No

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

QUINTANA PINO, ANABEL

9291 NW 114 ST

1

HIALEAH GARDENS, FL 33018 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 QUINTANA PINO, ANABEL

Address 9291 NW 114 ST

1

City-State-Zip: HIALEAH GARDENS FL 33018

*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:** ANABEL QUINTANA PINO

03/17/2023

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

\_\_\_\_\_  
Date