

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000129968

**Entity Name:** BELLA VIDA FAMILY PRACTICE, LLC

**Current Principal Place of Business:**

11327 OKEECHOBEE BLVD  
SUITE 2 & 3  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

PROVIDERS HEALTH ALLIANCE  
11924 FOREST HILL BLVD 10A-413  
WELLINGTON, FL 33414 US

**FEI Number:** 47-2865314

**Certificate of Status Desired:** No

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

ANDERS, CHERYL  
C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
WELLINGTON, FL 33414 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 AMBR  
Name PROVIDERS HEALTH ALLIANCE, LLC  
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name MARRERO, CARMEN  
Address 11327 OKEECHOBEE BLVD SUITE 2 & 3  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGR  
Name ANDERS, CHERYL  
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC  
11924 FOREST HILL BLVD 10A-413  
City-State-Zip: WELLINGTON FL 33414

*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:** CHERYL ANDERS

MGR

04/28/2021

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

\_\_\_\_\_  
Date