

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000191390

**Entity Name:** RM HEALTHCARE, LLC

**Current Principal Place of Business:**

2202 SE 17TH ST.  
OCALA, FL 34471

**Current Mailing Address:**

2202 SE 17TH ST  
OCALA, FL 34471 US

**FEI Number:** 82-2787367

**Certificate of Status Desired:** No

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

ROSARIO-MAISONET, LUZ D MD  
3105 SE 45TH COURT  
OCALA, FL 34480 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           MANAGER, VP, CEO  
Name           MAISONET, HECTOR W  
Address        3105 SE 45TH COURT  
City-State-Zip: Ocala FL 34480

Title           PRESIDENT  
Name           ROSARIO-MAISONET, LUZ D  
Address        3105 SE 45TH COURT  
City-State-Zip: Ocala FL 34480

*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:** HECTOR W MAISONET

**MANAGER**

**03/14/2023**

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

\_\_\_\_\_  
Date