

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000030651

Entity Name: SOLIS HEALTH PARTNERS, LLC

Current Principal Place of Business:

9250 NW 36TH ST STE 400
DORAL, FL 33178

Current Mailing Address:

9250 NW 36TH ST STE 400
DORAL, FL 33178 US

FEI Number: 32-0558350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J ESQ
300 S DUVAL ST STE 410
TALLAHASSEE, FL 32302 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 PRESIDENT
Name DUARTE, EFRAIN
Address 9250 NW 36TH ST STE 400
City-State-Zip: DORAL FL 33178

Title MANAGER
Name LYNCH, MICHAEL
Address 9250 NW 36TH ST STE 400
City-State-Zip: DORAL FL 33178

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: LYNCH, MICHAEL

MANAGER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date