

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000123837

Entity Name: JPN HEALTHCARE LLC

Current Principal Place of Business:

4585 SAN FRATELLO CIRCLE
LAKE WORTH, FL 33467

Current Mailing Address:

4585 SAN FRATELLO CIRCLE
LAKE WORTH, FL 33467 US

FEI Number: 83-0593262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROA, MARIA D
4585 SAN FRATELLO CIRCLE
LAKE WORTH, FL 33467 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	Title	AUTHORIZED MEMBER
Name	ROA, MARIA D	Name	IRIARTE, JUAN C
Address	4585 SAN FRATELLO CIRCLE	Address	4585 SAN FRATELLO CIRCLE
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

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: MARIA D ROA

MANAGING MEMBER

06/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date