

**2021 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 ROA

**MANAGER**

**04/18/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date