

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000124253

Entity Name: THOMAS HEALTHCARE CONSULTING LLC

Current Principal Place of Business:

1721 SW ARCH STREET
PORT ST LUCIE, FL 34953

Current Mailing Address:

1721 SW ARCH STREET
PORT ST. LUCIE, FL 34953 US

FEI Number: 82-4901563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, ANDREA ANTIONETTE
1721 SW ARCH STREET
PORT ST. LUCIE, FL 34953 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: ANDREA ANTIONETTE THOMAS

03/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name THOMAS, ANDREA RN BSN
Address 1721 SW ARCH STREET
City-State-Zip: PORT ST. LUCIE FL 34953

Title AMBR
Name THOMAS, MARVIN
Address 1721 SW ARCH STREET
City-State-Zip: PORT ST. LUCIE FL 34953

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: ANDREA THOMAS

OWNER

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date