

**2019 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, MARVIN  
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:**

\_\_\_\_\_  
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**

**01/09/2019**

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

\_\_\_\_\_  
Date