

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131955

Entity Name: INSPIRE HEALTHCARE CENTER, PLLC

Current Principal Place of Business:

855 OUTER RD
ORLANDO, FL 32814

Current Mailing Address:

855 OUTER RD
SUITE 2B
ORLANDO, FL 32814 US

FEI Number: 83-0752915

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEE, ADRAIN
855 OUTER RD
ORLANDO, FL 32814 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: ADRAIN LEE

08/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LEE, ADRAIN
Address 855 OUTER RD
City-State-Zip: ORLANDO FL 32814

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: ADRAIN LEE

MANAGER

08/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date