

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000153784

Entity Name: MEDIPLUS MOBILITY HOME HEALTH CARE LLC

Current Principal Place of Business:

7442 NW 8 STREET
MIAMI, FL 33126

Current Mailing Address:

7442 NW 8 STREET
MIAMI, FL 33126 US

FEI Number: 83-1003336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRODEZK INC
5040 NW 7TH ST
SUITE 705
MIAMI, FL 33126 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	MGR	Title	MGR
Name	NORMAN, JACOBO	Name	PORTANTIER, FABIANA B
Address	7442 NW 8 STREET	Address	7442 NW 8 STREET
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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: FABIANA PORTANTIER

MGR

01/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date