

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000156155

Entity Name: POINT OF CARE HEALTH NET, LLC

Current Principal Place of Business:

2991 MAJESTIC ISLE DRIVE
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 121457
CLERMONT, FL 34712

FEI Number: 83-1088784

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MITRE ACCOUNTING & TAX SERVICES, LLC.
1635 E HIGHWAY 50, STE 206
CLERMONT, FL 34711 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
Name BECKFORD, ARLENE
Address 2991 MAJESTIC ISLE DRIVE
City-State-Zip: CLERMONT FL 34711

Title MGR
Name BECKFORD, GEORGE
Address 2991 MAJESTIC ISLE DRIVE
City-State-Zip: CLERMONT FL 34711

Title MGR
Name SKINNER, RETTA
Address 4565 POWDERHORN PLACE DRIVE
City-State-Zip: CLERMONT FL 34711

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: ARLENE BECKFORD

MGR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date