

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000179994

**Entity Name:** PONTE HEALTH SYSTEMS, LLC

**Current Principal Place of Business:**

3956 TOWN CENTER BLVD  
# 609  
ORLANDO, FL 32837

**Current Mailing Address:**

3956 TOWN CENTER BLVD  
# 609  
ORLANDO, FL 32837 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PONTE, TABITHA  
3956 TOWN CENTER BLVD  
# 609  
ORLANDO, FL 32837 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:** TABITHA PONTE

04/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PONTE, TABITHA  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name PONTE HEALTH GLOBAL CORP.  
Address 3956 TOWN CENTER BLVD 609  
City-State-Zip: ORLANDO FL 32837

*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:** TABITHA PONTE

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date