

**2020 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

06/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date