

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000209631

**Entity Name:** TRUSTED HEALTHCARE ASSOCIATES, LLC.

**Current Principal Place of Business:**

150 EAST PALMETTO PARK ROAD S  
SUITE 800  
BOCA RATON, FL 33432

**Current Mailing Address:**

150 EAST PALMETTO PARK ROAD S  
SUITE 800  
BOCA RATON, FL 33432 US

**FEI Number:** 39-4094653

**Certificate of Status Desired:** No

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

MIKE ROSEN ENTERPRISES, INC.  
150 EAST PALMETTO PARK ROAD S  
SUITE 800  
BOCA RATON, FL 33432 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:** MICHAEL ROSEN

04/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MIKE ROSEN ENTERPRISES, INC.  
Address 150 EAST PALMETTO PARK ROAD S.  
SUITE 800  
City-State-Zip: BOCA RATON FL 33432

Title AMBR  
Name ROSEN, MICHAEL  
Address 150 EAST PALMETTO PARK ROAD S.  
SUITE 800  
City-State-Zip: BOCA RATON FL 33432

*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:** MICHAEL ROSEN

CEO

04/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date