

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017865

**Entity Name:** CLARITY HEALTHCARE SOLUTIONS, LLC**Current Principal Place of Business:**5005 W LAUREL ST  
SUITE 100  
TAMPA, FL 33607**Current Mailing Address:**5005 W LAUREL ST  
SUITE 100  
TAMPA, FL 33607 US**FEI Number:** 83-3333810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURST & JORDAN CPA PA  
4459-B HWY 90  
PACE, FL 32571 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:** JOSHUA DURST

02/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	DURST, JOSHUA C
Address	4459-B HIGHWAY 90
City-State-Zip:	PACE FL 32571

Title	MANAGER
Name	ZIDAN, TARA
Address	5005 W LAUREL ST SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	MANAGER
Name	HASAN, SEAN
Address	5005 W LAUREL ST SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	MANAGER
Name	GUREN, DAVID
Address	5005 W LAUREL ST SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	MANAGER
Name	PIERCE, JOSHUA
Address	5005 W LAUREL ST SUITE 100
City-State-Zip:	TAMPA FL 33607

Title	MEMBER
Name	COFFING, JASON
Address	4401 13TH WAY NE
City-State-Zip:	ST PETERSBURG FL 33703

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:** JOSHUA DURST**MEMBER**

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date