

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000048246

**Entity Name:** THEPATIENTCHASE, LLC

**Current Principal Place of Business:**

6800 SW 40 STREET  
#227  
MIAMI, FL 33155

**Current Mailing Address:**

6800 SW 40TH STREET  
#227  
MIAMI, FL 33155 US

**FEI Number:** 83-4144187

**Certificate of Status Desired:** No

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

FERNANDEZ, RYAN  
6800 SW 40 STREET  
#227  
MIAMI, FL 33155 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:** RYAN FERNANDEZ

03/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGMR  
Name FERNANDEZ, RYAN  
Address 6800 SW 40 STREET  
#227  
City-State-Zip: MIAMI FL 33155

*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:** RYAN FERNANDEZ

MGMR

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date