

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000049021

**Entity Name:** REA HEALTH CARE .LLC

**Current Principal Place of Business:**

10250 SW 56 ST  
SUITE A 201  
MIAMI, FL 33165

**Current Mailing Address:**

10250 SW 56 ST  
SUITE A 201  
MIAMI, FL 33165 US

**FEI Number:** 83-3781545

**Certificate of Status Desired:** No

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

ESQUIVEL, ROBERTO JR  
10250 SW 56 ST  
SUITE A 201  
MIAMI, FL 33165 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            OWNER  
Name            ESQUIVEL, ROBERTO JR.  
Address        10250 SW 56 ST  
                  SUITE A 201  
City-State-Zip: MIAMI FL 33165

*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:** ESQUIVEL , ROBERTO , JR.

**OWNER**

**09/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date