

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000092606

**Entity Name:** HEALTHY LIVING VISITING PHYSICIANS LLC

**Current Principal Place of Business:**

6901 OKEECHOBEE BLVD  
UNIT C-12  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

6901 OKEECHOBEE BLVD  
UNIT C-12  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 83-4271223

**Certificate of Status Desired:** No

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

MOBILE TAX & FINANCIAL SERVICES LLC  
2001 PALM BEACH LAKES BLVD SUITE 200  
WEST PALM BEACH, FL 33409 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:** WILFORD ALIZA

11/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	PRES
Name	ALIZA, WILFORD	Name	ALIZA, MARIE CARMELLE ARNP
Address	4021 W HAMILTON KY	Address	4021 W HAMILTON KY
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411

*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:** MARIE CARMELLE ALIZA

PRES

11/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date