

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000113524

Entity Name: BETA HEALTH LLC

Current Principal Place of Business:

16000 PINES BOULEVARD
#820451
PEMBROKE PINES, FL 33082

Current Mailing Address:

16000 PINES BOULEVARD
#820451
PEMBROKE PINES, FL 33082

FEI Number: 84-2284251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, YESENIA DR.
16000 PINES BOULEVARD
#820451
PEMBROKE PINES, FL 33082 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 AUTHORIZED REPRESENTATIVE
Name BETANCOURT, JORGE
Address 16000 PINES BOULEVARD #820451
City-State-Zip: PEMBROKE PINES FL 33082

Title AUTHORIZED REPRESENTATIVE
Name MARTINEZ, YESENIA
Address 16000 PINES BOULEVARD
#820451
City-State-Zip: PEMBROKE PINES FL 33082

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: YESENIA MARTINEZ

**AUTHORIZED
REPRESENTATIVE**

03/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date