

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000219809

**Entity Name:** LIVITY HEALTHCARE LLC

**Current Principal Place of Business:**

3600 S STATE RD 7  
SUITE # 243  
MIRAMAR, FL 33023

**Current Mailing Address:**

3600 S STATE RD 7  
SUITE # 243  
MIRAMAR, FL 33023 US

**FEI Number:** 84-2911704

**Certificate of Status Desired:** No

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

WILSON, MILTON  
4000 N STATE RD 7  
STE 2052  
LAUDERDALE LAKES, FL 33319 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:** MILTON WILSON

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           PRESIDENT  
Name           ANDERSON, STACEY  
Address        3600 S STATE RD 7  
                  SUITE # 243  
City-State-Zip: MIRAMAR FL 33023

*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:** STACEY ANDERSON

PRESIDENT

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date