

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000219912

**Entity Name:** LIBERTY HEALTH PROFESSIONALS, LLC

**Current Principal Place of Business:**

300 S.E. 2ND ST.  
SUITE 600  
FT. LAUDERDALE, FL 33305

**Current Mailing Address:**

300 S.E. 2ND ST.  
SUITE 600  
FT. LAUDERDALE, FL 33305 US

**FEI Number:** 84-2935519

**Certificate of Status Desired:** No

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

LAW OFFICE OF JOSEF M MYSOREWALA, PLLC  
2000 S DIXIE HWY.  
STE 112  
MIAMI, FL 33133 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            AMBR  
Name            PATRIOT MANAGEMENT GROUP LLC  
Address        300 S.E. 2ND ST.  
                  SUITE 600  
City-State-Zip: FT. LAUDERDALE FL 33305

*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:** JOSEF MYSOREWALA

RA

03/07/2024

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

\_\_\_\_\_  
Date