

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000242096

**Entity Name:** ELEVATION HEALTHCARE & FINANCIAL CONSULTING FIRM  
LLC

**FILED**  
**Mar 11, 2022**  
**Secretary of State**  
**2362431444CC**

**Current Principal Place of Business:**

6145 NW HELMSDALE WAY  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

6145 NW HELMSDALE WAY  
PORT ST LUCIE, FL 34983 US

**FEI Number: 84-3157471**

**Certificate of Status Desired: No**

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

SANZ, CHRISTOPHER  
6145 NW HELMSDALE WAY  
PORT ST LUCIE, FL 34983 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 MGR  
Name SANZ, CHRISTOPHER  
Address 6145 NW HELMSDALE WAY  
City-State-Zip: PORT ST LUCIE FL 34983

*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: CHRISTOPHER SANZ**

**PRESIDENT**

**03/11/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date