

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000260340

Entity Name: ANOVA HEALTHCARE LLC

Current Principal Place of Business:

10329 CROSS CREEK BLVD.
SUITE N
TAMPA, FL 33647

Current Mailing Address:

10329 CROSS CREEK BLVD.
SUITE N
TAMPA, FL 33647 US

FEI Number: 84-3573811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, NIRMAL
24758 STATE ROAD54
SUITE 101
LUTZ, FL 33559 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 MGRM
Name DARJI, KAMLESHKUMAR
Address 10329 CROSS CREEK BLVD.
SUITE N
City-State-Zip: TAMPA FL 33647

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: KAMLESHKUMAR DARJI

CEO

04/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date