

**2021 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

MGRM

03/13/2021

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

\_\_\_\_\_  
Date