

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000282420

**Entity Name:** 360 HEALTH SERVICES LLC

**Current Principal Place of Business:**

23123 STATE ROAD 7  
SUITE 345  
BOCA RATON, FL 33428

**Current Mailing Address:**

23123 STATE ROAD 7  
SUITE 345  
BOCA RATON, FL 33428 US

**FEI Number:** 84-3842322

**Certificate of Status Desired:** Yes

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

NORTHWEST REGISTERED AGENT, LLC  
7901 4TH STREET N.  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** TAYLOR NEWMAN

09/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name EDWARDS, CARL  
Address 9206 TOP NECK STREET  
City-State-Zip: NEW PORT RICHEY FL 34654

*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:** CARL EDWARDS

AMBR

09/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date