

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000290927

Entity Name: PROVIDER ASSOCIATES, LLC

Current Principal Place of Business:

1847 LAKE SIMS PARKWAY
ORLANDO, FL 34761

Current Mailing Address:

1070 MONTGOMERY ROAD UNIT 451
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 84-3782334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALOMON, SABRINA A
1070 MONTGOMERY ROAD UNIT 451
ALTMAONTE SPRINGS, FL 32714 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: SABRINA SALOMON

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SALOMON, SABRINA
Address 1070 MONTGOMERY ROAD UNIT 451
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: SABRINA SALOMON

MANAGER /CEO

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date