

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000015850

**Entity Name:** ALTEZ HEALTH, LLC

**Current Principal Place of Business:**

4171 ROBERTS POINT CIRCLE  
SARASOTA, FL 34242

**Current Mailing Address:**

4171 ROBERTS POINT CIRCLE  
SARASOTA, FL 34242 US

**FEI Number:** 84-3873168

**Certificate of Status Desired:** No

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

MONTE, LUIS A MD  
2003 S. OSPREY AVENUE  
SARASOTA, FL 34239 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	Title	MGR
Name	MONTE, LUIS A MD	Name	ALTICE-MONTE, KARA
Address	4171 ROBERTS POINT CIRCLE	Address	4171 ROBERTS POINT CIRCLE
City-State-Zip:	SARASOTA FL 34242	City-State-Zip:	SARASOTA FL 34242

*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:** LUIS A MONTE MD

MD

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date