

2024 FLORIDA LIMITED LIABILITY COMPANY 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: Yes

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

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date