

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000124687

**Entity Name:** INFINITY HEALTH SERVICES LLC

**Current Principal Place of Business:**

8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 85-1142591

**Certificate of Status Desired:** No

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

ASHLEY, REGGINAE  
8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637 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  
Name ASHLEY, REGGINAE  
Address 8410 RENALD BLVD  
City-State-Zip: TEMPLE TERRACE FL 33637

*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:** REGGINAE ASHLEY

**MANAGER**

**02/18/2021**

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

\_\_\_\_\_  
Date