Electronic Signature of Signing Authorized Person(s) Detail

### 2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# DOCUMENT# L20000128459

## Entity Name: ANR HEALTHCARE LLC

### **Current Principal Place of Business:**

2002 N LOIS AVE STE 150 TAMPA, FL 33607

#### **Current Mailing Address:**

2002 N LOIS AVE **STE 150** TAMPA, FL 33607 US

### FEI Number: 85-1088838

### Name and Address of Current Registered Agent:

MEDOWSKA, OLGA 2002 N LOIS AVE STE 150 TAMPA, FL 33607 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	CLGA MEDOWSKA			11/10/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	MGR	
Name	WAISMANN, BEN	Name	MEDOWSKA, OLGA	
Address	2002 N LOIS AVE STE 150	Address	2002 N LOIS AVE STE 150	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	

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.

MANAGER

11/10/2022

FILED Nov 10, 2022 Secretary of State 5137559994CR

Certificate of Status Desired: Yes

Date