

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000133448

**Entity Name:** PROFESSIONAL HEALTH CARE SERVICES, LLC

**Current Principal Place of Business:**

8920 SW 50TH TERACE  
MIAMI, FL 33165

**Current Mailing Address:**

8920 SW 50TH TERACE  
MIAMI, FL 33165 UN

**FEI Number: 85-1144748**

**Certificate of Status Desired: No**

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

FERNANDEZ, NIEVES  
8920 SW 50TH TERACE  
MIAMI, FL 33165 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 FERNANDEZ, NIEVES  
Address 8920 SW 50TH TER  
City-State-Zip: MIAMI FL 33165

*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: NIEVES FERNANDEZ**

**MGR**

**04/24/2023**

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

\_\_\_\_\_  
Date