

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000385918

Entity Name: PROSPERITY HEALTH CARE LLC

Current Principal Place of Business:

2300 PALM BEACH LAKES BLVD, SUITE 200C
WEST PALM BEACH , FL 33409

Current Mailing Address:

2300 PALM BEACH LAKES BLVD, SUITE 200C
WEST PALM BEACH , FL 33409 US

FEI Number: 85-4306096

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STEPHENSON, CIMILIEN
15266 MILLER CREEK DR
SUN CITY CENTER, FL 33573 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 GENERAL MANAGER (GM)
Name CIMILIEN, STEPHENSON
Address 15266 MILLER CREEK DR
City-State-Zip: SUN CITY CENTER FL 33573

Title GENERAL MANAGER (GM)
Name CIMILIEN, MARIE C
Address 15266 MILLER CREEK DRIVE
City-State-Zip: SUN CITY CENTER FL 33573

Title GENERAL MANAGER (GM)
Name JEAN , FRANCOIS
Address 2300 PALM BEACH LAKES BLVD,
SUITE 200C
City-State-Zip: WEST PALM BEACH FL 33409

Title GENERAL MANAGER (GM)
Name YOLIE, CADET M
Address 2300 PALM BEACH LAKES BLVD,
SUITE 200C
City-State-Zip: WEST PALM BEACH FL 33409

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: STEPHENSON CIMILIEN

GENERAL MANAGER(GM) 02/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date