

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000385918

**Entity Name:** PROSPERITY HEALTH CARE LLC

**Current Principal Place of Business:**

15266 MILLER CREEK DRIVE  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

15266 MILLER CREEK DRIVE  
SUN CITY CENTER, FL 33573 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 MANAGER  
Name ASHIE, CENEUS  
Address 15266 MILLER CREEK DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

*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

GM

08/11/2023

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

\_\_\_\_\_  
Date