

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000000052

Entity Name: ANDERSON HEALTH SOLUTIONS LLC

Current Principal Place of Business:

214 N. LOWE ST.
QUINCY, FL 32351

Current Mailing Address:

214 N. LOWE ST.
QUINCY, FL 32351 US

FEI Number: 86-1245024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, KELVIN
214 N. LOWE ST.
QUINCY, FL 32351 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 ANDERSON, KELVIN
Address 214 N. LOWE ST.
City-State-Zip: QUINCY FL 32351

Title MBR
Name ANDERSON, KELVIN
Address 214 N. LOWE ST.
City-State-Zip: QUINCY FL 32351

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: KELVIN ANDERSON

MGR

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date