

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000006543

**Entity Name:** 360 HEALTHCARE CONSULTANTS LLC

**Current Principal Place of Business:**

2655 NORTH AIRPORT ROAD #62322  
ATTN: EDDIE STAHL  
FORT MYERS, FL 33906

**Current Mailing Address:**

2655 NORTH AIRPORT ROAD #62322  
ATTN: EDDIE STAHL  
FORT MYERS, FL 33906 US

**FEI Number:** 86-1180178

**Certificate of Status Desired:** No

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

STAHL, EDDIE J  
2655 NORTH AIRPORT ROAD #62322  
ATTN: EDDIE STAHL  
FORT MYERS, FL 33906 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            OWNER  
Name            STAHL, EDDIE J  
Address        2655 NORTH AIRPORT ROAD #62322  
                  ATTN: EDDIE STAHL  
City-State-Zip: FORT MYERS FL 33906

*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:** EDDIE STAHL

**OWNER**

**01/18/2023**

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

\_\_\_\_\_  
Date