

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000008420

Entity Name: ANSION HEALTH CARE LLC

Current Principal Place of Business:

1701 NW 46 AVE
212
LAUDERHILL, FL 33313

Current Mailing Address:

PO BOX 4932
HOLLYWOOD, FL 33083

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANSION, MYRLANDE
1701 NW 46 AVE
212
LAUDERHILL, FL 33313 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 VALCIN, JESSICA M
Address 1701 NW 46 AVE
City-State-Zip: LAUDERHILL FL 33313

Title SECRETARY
Name LORMERA, GERMINE
Address 3976 INVERRARY DR
City-State-Zip: LAUDERHILL FL 33319

Title G. MANAGER
Name ANSION, MYRLANDE
Address 1701 NW 46 AVE
212
City-State-Zip: LAUDERHILL FL 33313

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: MYRLANDE ANSION

OWNER

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date