

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000062618

**Entity Name:** ONE CALL HEALTH ENROLLMENT GROUP LLC

**Current Principal Place of Business:**

6941 SW 196TH AVE  
SUITE 33  
FORT LAUDERDALE, FL 33332

**Current Mailing Address:**

6941 SW 196TH AVE  
SUITE 33  
FORT LAUDERDALE, FL 33332 US

**FEI Number:** 86-2091680

**Certificate of Status Desired:** No

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

SINKO, AARON C  
8470 NW 185TH ST  
HIALEAH, FL 33015 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 SINKO, AARON CARL  
Address 6941 SW 196TH AVE  
SUITE 33  
City-State-Zip: FORT LAUDERDALE FL 33332

*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:** AARON C SINKO

MGR

01/23/2023

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

\_\_\_\_\_  
Date