

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000161635

**Entity Name:** SINCLAIR HEALTH LLC

**Current Principal Place of Business:**

6727 POINCIANA COURT  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

6727 POINCIANA COURT  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 86-3483816

**Certificate of Status Desired:** No

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

WAECHTER, STEPHANIE  
6727 POINCIANA COURT  
SOUTH MIAMI, FL 33143 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 WAECHTER, STEPHANIE  
Address 6727 POINCIANA COURT  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGR  
Name HERNANDEZ, OLIVIER  
Address 6727 POINCIANA COURT  
City-State-Zip: SOUTH MIAMI FL 33143

*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:** WAECHTER STEPHANIE

**MANAGER**

**04/28/2025**

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

\_\_\_\_\_  
Date