

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000201426

**Entity Name:** MELANP HEALTH SERVICES LLC**Current Principal Place of Business:**9215 KNIGHTS BRANCH ST  
TEMPLE TERRACE, FL 33637**Current Mailing Address:**9215 KNIGHTS BRANCH ST  
TEMPLE TERRACE, FL 33637**FEI Number:** 87-1021891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ELLIS, ANDREA L  
9215 KNIGHTS BRANCH ST  
TEMPLE TERRACE, FL 33637 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:** ANDREA L. ELLIS

04/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name LAMB, CHRISTOPHER L JR  
Address 9215 KNIGHTS BRANCH ST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title AUTHORIZED MEMBER  
Name LAMB, CARTER L  
Address 9215 KNIGHTS BRANCH ST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title AUTHORIZED MEMBER  
Name LAMB, CAI L  
Address 9215 KNIGHTS BRANCH ST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title CEO  
Name ELLIS, ANDREA L  
Address 9215 KNIGHTS BRANCH ST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title AUTHORIZED MEMBER  
Name BETHUNE, KASH N  
Address 9215 KNIGHTS BRANCH ST  
City-State-Zip: TEMPLE TERRACE FL 33637

*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:** ANDREA L. ELLIS

CEO

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date