**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2023**
**Secretary of State**
**5683841739CC**

DOCUMENT# L21000308071

**Entity Name:** MKB HEALTH CARE SOLUTIONS LLC

**Current Principal Place of Business:**

4124 SW 33RD ST
OCALA, FL 34474

**Current Mailing Address:**

P.O. BOX 493934
LEESBURG, FL 34749 US

**FEI Number: 87-1522233**

**Certificate of Status Desired:** No

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

WILSON, VERA A
4124 SW 33RD ST
OCALA, FL 34474 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 | WILSON, VERA |
| Address | 4124 SW 33RD ST |
| City-State-Zip: | OCALA FL 34474 |

*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: VERA A, WILSON MGR 04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date