

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000310344

Entity Name: LEAF MEDICAL CARE, LLC

Current Principal Place of Business:

7345 W SAND LAKE RD
STE 210 OFFICE 2296
ORLANDO, FL 32819

Current Mailing Address:

7345 W SAND LAKE RD
STE 210 OFFICE 2296
ORLANDO, FL 32819 US

FEI Number: 35-2719411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPANY COMBO, LLC
7345 W SAND LAKE RD
STE 210
ORLANDO, FL 32819 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 AMBR
Name SADDI AYRES, EDUARDO
Address RUA MARIANA CORREIA 173, JARDIM
PAULISTANO
City-State-Zip: SAO PAULO SP 01444-000

Title AMBR
Name DA COSTA FILHO, ALENCAR S
Address ALAMEDA JAU 263, APTO 191,
JARDIM PAULISTA
City-State-Zip: SAO PAULO SP 01420-000

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: EDUARDO SADDI AYRES

AMBR

04/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date