

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000432892

Entity Name: HEALTH CENTRICS, LLC.

Current Principal Place of Business:

10380 SW VILLAGE CENTER DRIVE
STE 215
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

10380 SW VILLAGE CENTER DRIVE
STE 215
PORT SAINT LUCIE, FL 34987

FEI Number: 87-2953375

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, BRIDGETT M
10380 SW VILLAGE CENTER DRIVE
STE 215
PORT SAINT LUCIE, FL 34987 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 JOHNSON, JERMAINE D
Address 10380 SW VILLAGE CENTER DRIVE,
STE 215
City-State-Zip: PORT SAINT LUCIE FL 34987

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: JOHNSON, JERMAINE D

MANAGER

03/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date