2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2025
Secretary of State
1239214405CC

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Entity Name: HEALTH CENTRICS, LLC.

Current Principal Place of Business:

11403 SW KINGSLAKE CIRCLE
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

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

FEI Number: 87-2953375

Certificate of Status Desired: No

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	AUTHORIZED REPRESENTATIVE	Title	MANAGER
Name	JOHNSON, JERMAINE D	Name	JOHNSON, BRIDGETT M
Address	10380 SW VILLAGE CENTER DRIVE STE 215	Address	11403 SW KINGSLAKE CIRCLE
City-State-Zip:	PORT SAINT LUCIE FL 34987	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: BRIDGETT JOHNSON MANAGER 03/16/2025

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