

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000471055

**Entity Name:** RELIABLE PLACEMENTS FOR HEALTHCARE PROFESSIONALS  
LLC

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**3914644341CC**

**Current Principal Place of Business:**

1545 EAST MINNESOTA AVNUE  
DELAND, FL 32724

**Current Mailing Address:**

1545 EAST MINNESOTA AVNUE  
DELAND, FL 32724 US

**FEI Number: 88-1091203**

**Certificate of Status Desired: No**

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

ALONZO-CALLA, GLORIA  
1545 EAST MINNESOTA AVENUE  
DELAND, FL 32724 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:** GLORIA ALONZO-CALLA

03/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name CALLA, ELMER S  
Address 1545 EAST MINNESOTA AVENUE  
City-State-Zip: DELAND FL 32724

Title AR  
Name CALLA, RUSTOM LEE A  
Address 1545 EAST MINNESOTA AVENUE  
City-State-Zip: DELAND FL 32724

Title MANAGER  
Name ALONZO-CALLA, GLORIA  
Address 1545 EAST MINNESOTA AVNUE  
City-State-Zip: DELAND FL 32724

Title AUTHORIZED MEMBER  
Name CALLA, CELESTE GLORIELLE  
ALONZO  
Address 1545 EAST MINNESOTA AVNUE  
City-State-Zip: DELAND FL 32724

*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:** GLORIA ALONZO-CALLA

CEO

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date