

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000471055

Entity Name: RELIABLE PLACEMENTS FOR HEALTHCARE PROFESSIONALS
LLC**FILED**
Mar 02, 2023
Secretary of State
9271451841CC**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**03/02/2023**

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**MANAGER****03/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date