

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000472740

**Entity Name:** TRU HEALTH PARTNERS LLC

**Current Principal Place of Business:**

1375 GATEWAY BLVD  
SUITE 51  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

11211 SOUTH MILITARY TRAIL #5113  
SUITE 51  
BOYNTON BEACH, FL 33436 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KIESLING, ROBERT A  
1375 GATEWAY BLVD  
STE 51  
BOYNTON BEACH, FL 33426 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	Title	MGR
Name	SRAMOWICZ, STEVE	Name	ROCA , FRANK III
Address	313 BOUGAINVILLE DR	Address	1058 BREAKERS WEST LANE
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	WEST PALM BEACH FL 33411

*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:** STEVEN SRAMOWICZ

MGR

04/07/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date