

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000011212

**Entity Name:** SGA HEALTHCARE LLC

**Current Principal Place of Business:**

2130 MICHIGAN AVE  
KISSIMMEE, FL 34774

**Current Mailing Address:**

13726 LAKE CAWOOD DR  
WINDERMERE, FL 34786 US

**FEI Number:** 87-4390456

**Certificate of Status Desired:** No

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

ANBALAGAN, GOWRIBAI  
13726 LAKE CAWOOD DR  
WINDERMERE, FL 34786 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            AMBR  
Name            ANBALAGAN, GOWRIBAI  
Address        13726 LAKE CAWOOD DR  
City-State-Zip: WINDERMERE FL 34786

*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:** GOWRIBAI ANBALAGAN

AMBR

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date