

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000038922

Entity Name: ORLANDO HEALTH SCIENCE CLINIC, LLC.

Current Principal Place of Business:

5730 S SEMORAN BLVD SUITE 5742
ORLANDO, FL 32822

Current Mailing Address:

5730 S SEMORAN BLVD
5742
ORLANDO, FL 32822 US

FEI Number: 88-0795426

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, GIOVANNA FIORELLA
5730 S SEMORAN BLVD SUITE 5742
ORLANDO, FL 32822 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: GIOVANNA FIORELLA FERNANDEZ

03/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name FERNANADEZ, GIOVANNA FIORELLA
Address 771 SW 148TH AVE
1309
City-State-Zip: DAVIE FL 33325

Title AUTHORIZED MEMBER
Name CEVASCO, RODRIGO
Address 5730 S SEMORAN BLVD SUITE 5742
City-State-Zip: ORLANDO FL 32822

Title AUTHORIZED MEMBER
Name SAGDULLAYEV, JUSTINE A
Address 5730 S SEMORAN BLVD SUITE 5742
City-State-Zip: ORLANDO FL 32822

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: RODRIGO CEVASCO

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date