

2024 FLORIDA LIMITED LIABILITY COMPANY 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:**771 SW 148TH AVE, APT 1309
DAVIE, FL 33325 US**FEI Number:** 88-0795426**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FERNANDEZ, GIOVANNA FIORELLA
771 SW 148TH AVE, APT 1309
DAVIE, FL 33325 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

02/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	FERNANADEZ, GIOVANNA FIORELLA	Name	BAUZA ESTRADA, ELIZABETH
Address	771 SW 148TH AVE 1309	Address	1409 E HANCOCK DR
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DELTONA FL 32725
Title	MANAGER, AUTHORIZED REPRESENTATIVE		
Name	VAZQUEZ, JORGE LUIS		
Address	1409 E HANCOCK DR		
City-State-Zip:	DELTONA FL 32725		

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: FERNANADEZ , GIOVANNA FIORELLA

PRESIDENT

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date