

2023 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:

1409 E HANCOCK DR
DELTONA, FL 32725 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAUZA ESTRADA, ELIZABETH
1409 E HANCOCK DR
DELTONA, FL 32725 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 VICE OPERATING MANAGER
Name GARCIA MARTIN, AMILYS
Address 1409 E HANCOCK DR
City-State-Zip: DELTONA FL 32725

Title OPERATING MANAGER
Name BAUZA ESTRADA, ELIZABETH
Address 1409 E HANCOCK DR
City-State-Zip: DELTONA FL 32725

Title VICE OPERATING MANAGER
Name VAZQUEZ, JORGE LUIS
Address 1409 E HANCOCK DR
City-State-Zip: DELTONA FL 32725

Title ST
Name GARCIA MARTIN, AMILYS
Address 1409 E HANCOCK DR
City-State-Zip: DELTONA FL 32725

Title T
Name BAUZA ESTRADA, ELIZABETH
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: BAUZA ESTRADA , ELIZABETH

OPERATING MANAGER

03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date