

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000286336

**Entity Name:** KHYROS HEALTHCARE SERVICES, LLC.

**Current Principal Place of Business:**

122 N WALNUT STREET  
#1101 #1101  
STARKE, FL 32091

**Current Mailing Address:**

PO BOX 1101  
#1101 #1101  
STARKE, FL 32091 US

**FEI Number:** 88-3109456

**Certificate of Status Desired:** No

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

GIOVINCO, DR. VINCENT  
122 NORTH WALNUT STREET  
SUITE #1101  
STARKE, FL 32091 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:** DR. VINCENT GIOVINCO

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GIOVINCO, DR. VINCENT  
Address 122 NORTH WALNUT STREET  
City-State-Zip: STARKE FL 32091

*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:** DR. VINCENT GIOVINCO

PRESIDENT

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date