

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000306575

**Entity Name:** VIVO HEALTHCARE CONSULTING LLC

**Current Principal Place of Business:**

311 BOULEVARD OF THE AMERICAS, SUITE 404  
LAKEWOOD, NJ 08701

**Current Mailing Address:**

311 BOULEVARD OF THE AMERICAS, SUITE 404  
LAKEWOOD, NJ 08701 US

**FEI Number:** 88-3886539

**Certificate of Status Desired:** No

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

DBO SERVICES LLC  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 MGR  
Name CUKIER, JOSEPH  
Address 22 BRIDGEWOOD AVE  
City-State-Zip: LAKEWOOD NJ 08701

*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:** JOSEPH CUKIER

**PARTNER**

**04/04/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date