

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000322182

Entity Name: FLORIDA NP HEALTHCARE CLINIC, LLC

Current Principal Place of Business:

2780 E FOWLER AVENUE
2049
TAMPA, FL 33612

Current Mailing Address:

6958 TOWERING SPRUCE DRIVE
RIVERVIEW, FL 33578

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIGSBY, ALICIA
2780 E FOWLER AVENUE
2049
TAMPA, FL 33612 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	Title	MGR
Name	VONTARIUS MASON JR.	Name	ALICIA GRIGSBY
Address	2780 E FOWLER AVENUE 2049	Address	2780 E FOWLER AVENUE 2049
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

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: ALICIA GRIGSBY

REGISTERED AGENT

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date