

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000389107

**Entity Name:** NETC-HEALTH LAB SERVICES, LLC

**Current Principal Place of Business:**

401 N MILLS AVE STE B  
ORLANDO, FL 32803

**Current Mailing Address:**

401 N MILLS AVE STE B  
ORLANDO, FL 32803 US

**FEI Number:** 92-0253655

**Certificate of Status Desired:** No

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

MEYERS, FELICIA L  
14042 LAKE UNDERHILL ROAD  
ORLANDO,, FL 32828 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 AUTHORIZED MEMBER  
Name MEYERS, FELICIA  
Address 14042 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32828

Title CEO  
Name MEYERS, FELICIA  
Address 14042 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32828

Title SECRETARY  
Name PATTERSON, ETHROLL  
Address 14042 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32828

Title AUTHORIZED MEMBER  
Name PATTERSON , TACHAI  
Address 14042 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32828

Title CHAIRMAN  
Name RHAGNANAN, MALCOLM  
Address 14042 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32828

*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:** FELICIA MEYERS

**CEO**

**03/28/2023**

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

\_\_\_\_\_  
Date