

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000472676

**Entity Name:** ALTIOS HEALTHCARE PARTNERS LLC

**Current Principal Place of Business:**

2423 SW 147 AVE  
347  
MIAMI, FL 33185

**Current Mailing Address:**

2423 SW 147 AVE  
347  
MIAMI, FL 33185

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ALTIOS INC  
2423 SW 147 AVE  
347  
MIAMI, FL 33185 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 ALTIOS, INC  
Address 2423 SW 147 AVE 347  
City-State-Zip: MIAMI FL 33185

Title MGR  
Name HEALTH PLANS PATH MANAGEMENT,  
CORP  
Address 9443 FONTAINBLUE BLVD APT 108  
City-State-Zip: MIAMI FL 33172

*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:** LEOVEL CANCINO

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date