2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2024
Secretary of State
5384673822CC

DOCUMENT# L22000505426

Entity Name: NORTHWEST FAMILY HEALTH CENTER II, LLC

Current Principal Place of Business:

1630 MASON AVE
UNIT B
DAYTONA BEACH, FL 32117

Current Mailing Address:

P O BOX 951306
LAKE MARY, FL 32795 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARVA CAPITAL, LLC
1630 MASON AVENUE
UNIT B
DAYTONA BEACH, FL 32117 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: GARRY B. ANTOINE, MD 05/01/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	ANTOINE, GARRY B MD
Address	5844 NORTH ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32810

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: GARRY B ANTOINE, MD, RRT PRESIDENT & CEO 05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date