

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000529213

Entity Name: ADVANCED HEALTH FAMILY PRACTICE, LLC

Current Principal Place of Business:

736 S. DILLARD ST
SUITE 2
WINTER GARDEN, FL 34787

Current Mailing Address:

736 S. DILLARD ST
SUITE 2
WINTER GARDEN, FL 34787

FEI Number: 86-1473615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUARE, THALIA
736 S. DILLARD ST
SUITE 2
WINTER GARDEN, FL 34787 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: THALIA GUARE

10/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GUARE, THALIA
Address 261 DOE RUN DRIVE
City-State-Zip: WINTER GARDEN FL 34787

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: THALIA GUARE

10/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date