

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000012077

**Entity Name:** L & J PATIENT CARE, LLC

**Current Principal Place of Business:**

7444 MARSEILLE CIRCLE  
ORLANDO, FL 32822

**Current Mailing Address:**

7444 MARSEILLE CIRCLE  
ORLANDO, FL 32822 US

**FEI Number:** 99-2789923

**Certificate of Status Desired:** Yes

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

DELA S S A I N T, L E V I N S T O N  
7444 MARSEILLE CIRCLE  
ORLANDO, FL 32822 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:** LEVINSTON DELASSAINT

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DELASSAINT, LEVINSTON  
Address 7444 MARSEILLE CIRCLE  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name MEDEE, JUDITH  
Address 7444 MARSEILLE CIRCLE  
City-State-Zip: ORLANDO FL 32822

*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:** LEVINSTON DELASSAINT

OWNER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date