

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000080723

Entity Name: HEALTHTRUST HOME HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

8600 NW SOUTH RIVER DR, SUITE #230
MEDLEY, FL 33166

Current Mailing Address:

8600 NW SOUTH RIVER DR, SUITE #230
MEDLEY, FL 33166 US

FEI Number: 92-2484491

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BENITEZ, ROBERT
8600 NW SOUTH RIVER DR, SUITE #230
MEDLEY, FL 33166 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 T
Name BENITEZ, ANDRES
Address 8600 NW SOUTH RIVER DR, SUITE #230
City-State-Zip: MEDLEY FL 33166

Title V
Name BENITEZ, MARIA
Address 8600 NW SOUTH RIVER DR, SUITE #230
City-State-Zip: MEDLEY FL 33166

Title P
Name BENITEZ, ROBERT
Address 8600 NW SOUTH RIVER DR, SUITE #230
City-State-Zip: MEDLEY FL 33166

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: ROBERT BENITEZ

P

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date