

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000115089

Entity Name: FW HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

4707 OAK TERRACE DR
LAKE WORTH, FL 33463

Current Mailing Address:

4707 OAK TERRACE DR
LAKE WORTH, FL 33463 US

FEI Number: 92-2875295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TQ FINANCIAL SERVICES LLC
450 NORTH PARK RD
SUITE 302
HOLLYWOOD, FL 33021 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 | Title | DIR |
| Name | BERNARD, VENESSA | Name | FRANCIS, LEROY |
| Address | 5608 PRISCILLA LN | Address | 5608 PRISCILLALN |
| City-State-Zip: | LAKE WORTH FL 33463 | City-State-Zip: | LAKE WORTH FL 33463 |

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: LEROY FRANCIS

DIRECTOR

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date