

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000214945

**Entity Name:** SOSA HEALTHCARE LLC

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
304  
PORT CHARLOTTE , FL 33952

**Current Mailing Address:**

3486 RECURVE CIRCLE  
SARASOTA, FL 34240

**FEI Number:** 92-3800290

**Certificate of Status Desired:** No

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

MCALLISTER, RUTH  
3486 RECURVE CIRCLE  
SARASOTA, FL 34240 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:** RUTH MCALLISTER

03/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCALLISTER, RUTH  
Address 3486 RECURVE CIRCLE  
City-State-Zip: SARASOTA FL 34240

*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:** RUTH MCALLISTER

MGR

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date