

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000256403

Entity Name: PROHEALTH FAMILY PRACTICE LLC

Current Principal Place of Business:

15 PELICAN DR.
FORT LAUDERDALE, FL 33301

Current Mailing Address:

15 PELICAN DR.
FORT LAUDERDALE, FL 33301 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOUKAR, HOSSEIN
15 PELICAN DR.
FORT LAUDERDALE, FL 33301 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
Name JOUKAR, HOSSEIN
Address 15 PELICAN DR.
City-State-Zip: FORT LAUDERDALE FL 33301

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: HOSSEIN JOUKAR

MGR

04/19/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date