

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000316419

**Entity Name:** INFINITY HEALTH CARE SERVICES LLC

**Current Principal Place of Business:**

2300 CENTER STREET  
SANFORD, FL 32771

**Current Mailing Address:**

2300 CENTER STREET  
SANFORD, FL 32771 US

**FEI Number:** 93-2372918

**Certificate of Status Desired:** No

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

TAYLOR, LENARD JR.  
2300 CENTER STREET  
SANFORD, FL 32771 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 AUTHORIZED MEMBER  
Name TAYLOR, LENARD JR.  
Address 2300 CENTER STREET  
City-State-Zip: SANFORD FL 32771

Title AUTHORIZED MEMBER  
Name TAYLOR, LATRIEKA  
Address 127 HIDDEN LAKE DRIVE  
City-State-Zip: SANFORD FL 32771

*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:** LENARD TAYLOR

**MEMBER**

**05/01/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date