

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000438425

Entity Name: HEALTH PROVIDERS OF COLOR, LLC

Current Principal Place of Business:

14201 W SUNRISE BLVD.
208
SUNRISE, FL 33323

Current Mailing Address:

14201 W SUNRISE BLVD.
208
SUNRISE, FL 33323 US

FEI Number: 93-4383677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRETT, BARBARA E PHD
14201 W. SUNRISE BLVD
SUITE 208
SUNRISE, FL 33323 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 BARRETT, BARBARA E PHD
Address 14201 W SUNRISE BLVD, SUITE 208
City-State-Zip: SUNRISE FL 33323

Title MGR
Name JOHNSON, LAUREN A
Address 11231 NW 27TH STREET
City-State-Zip: PLANTATION FL 33323

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: LAUREN JOHNSON

MGR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date