

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005258

**Entity Name:** PRIDE HEALTHCARE LLC

**Current Principal Place of Business:**

420 LEXINGTON AVE  
30TH FLOOR  
NEW YORK, NY 10170

**Current Mailing Address:**

420 LEXINGTON AVE  
30TH FLOOR  
NEW YORK, NY 10170 US

**FEI Number:** 27-2113445

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 MGRM  
Name RUSSELL, LEO  
Address 420 LEXINGTON AVE  
30TH FLOOR  
City-State-Zip: NEW YORK NY 10170

*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:** LEO J RUSSELL

CEO

05/05/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date