

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010820

Entity Name: HEALIX HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

3990 SHERIDAN STREET
SUITE 207
HOLLYWOOD, FL 33021

Current Mailing Address:

3389 SHERIDAN STREET
#408
HOLLYWOOD, FL 33021 US

FEI Number: 82-3409218

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	Title	MGR
Name	BERNSTEIN, SARA M.D.	Name	SPIER, NIGEL A M.D.
Address	10131 FOREST HILL BLVD SUITE 130	Address	3990 SHERIDAN STREET SUITE 207
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	HOLLYWOOD FL 33021

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: NIGEL SPIER

MGMR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date