

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044653

Entity Name: HEALTH CARE SERVICES L.C.

Current Principal Place of Business:

25 WEST HIGHPOINT ROAD
STUART, FL 34996

Current Mailing Address:

P.O. BOX 746
STUART, FL 34996 US

FEI Number: 56-2412410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIOTT, PAUL
25 WEST HIGHPOINT ROAD
STUART, FL 34996 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: PAUL ELLIOTT

03/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ELLIOTT, PAUL A
Address 25 WEST HIGHPOINT ROAD
City-State-Zip: STUART FL 34996

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: PAUL A ELLIOTT

MGR

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date