

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037808

**Entity Name:** HOME VISITING PHYSICIANS, LLC

**Current Principal Place of Business:**

2120 MICHIGAN AVE  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2120 MICHIGAN AVE  
KISSIMMEE, FL 34744

**FEI Number:** 26-4708314

**Certificate of Status Desired:** No

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

HARDOWAR, LATCHMAN MD  
2120 MICHIGAN AVE  
KISSIMMEE, FL 34744 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 HARDOWAR, LATCHMAN MD  
Address 1724 BOAT LAUNCH RD  
City-State-Zip: KISSIMMEE FL 34746

Title MGR  
Name HARDOWAR, ROSHNIE  
Address 2120 MICHIGAN AVENUE  
City-State-Zip: KISSIMMEE FL 34744

*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:** LATCHMAN HARDOWAR

MGRM

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date