

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072289

**Entity Name:** PRECISION HEALTH CARE NEW LONDON LLC

**Current Principal Place of Business:**

ONE SOUTH OCEAN BLVD.  
SUITE 316  
BOCA RATON, FL 33432

**Current Mailing Address:**

PO BOX 698  
POMPANO BEACH, FL 33060 US

**FEI Number:** 27-3099400

**Certificate of Status Desired:** No

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

KAISER, MARC R  
ONE SOUTH OCEAN BLVD.  
SUITE 316  
BOCA RATON, FL 33432 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 KAISER, MARC R  
Address PO BOX 698  
City-State-Zip: POMPAN0 BEACH FL 33060

Title MGRM  
Name PRECISION HEALTH CARE, INC.  
Address PO BOX 698  
City-State-Zip: POMPAN0 BEACH FL 33060

Title MGR  
Name STRBA, BEVERLY  
Address PO BOX 698  
City-State-Zip: POMPAN0 BEACH FL 33060

*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:** MARC R. KAISER

MGR

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date