

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092817

**Entity Name:** U.S. HEALTHCARE LICENSING, LLC

**Current Principal Place of Business:**

1880 E WEST PKWY  
PO BOX 8322  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

PO BOX 8322  
FLEMING ISLAND, FL 32006 US

**FEI Number:** 38-3816231

**Certificate of Status Desired:** No

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

WEBER, AMY  
1880 E WEST PKWY  
PO BOX 8322  
FLEMING ISLAND, FL 32003 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:** AMY WEBER

03/20/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WEBER, AMY M  
Address 1880 E WEST PKWY  
PO BOX 8322  
City-State-Zip: FLEMING ISLAND FL 32003

*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:** AMY M. WEBER

MGR

03/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date