

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054766

**Entity Name:** ESSENTIAL HEALTH CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

511 SE 5TH AVE  
APT #1712  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

511 SE 5TH AVE  
APT #1712  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 45-5125466

**Certificate of Status Desired:** Yes

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

JAEGER, KATHERINE  
511 SE 5TH AVE  
APT #1712  
FORT LAUDERDALE, FL 33301 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:** KATHERINE JAEGER

**08/23/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JAEGER, KATHERINE  
Address 511 SE 5TH AVE  
APT #1712  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** KATHERINE JAEGER

**MANAGER**

**08/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date