

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000088180

**Entity Name:** RITECARE HEALTH, LLC.

**Current Principal Place of Business:**

12014 E. COLONIAL DR STE 140  
ORLANDO, FL 32826

**Current Mailing Address:**

545 SHORT PINE CIRCLE  
ORLANDO, FL 32807 US

**FEI Number:** 45-5633623

**Certificate of Status Desired:** Yes

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

CDQ SERVICES INC  
1216 E COLONIAL DRIVE  
STE 10  
ORLANDO, FL 32803 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 VU , ANH - PHUONG N  
Address 545 SHORT PINE CIRCLE  
City-State-Zip: ORLANDO FL 32807

*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:** ANH-PHUONG N. VU

**MANAGER**

**01/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date