2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2023
Secretary of State
6199025503CC

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Entity Name: ORCHID HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

466 NE 5TH AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

466 NE 5TH AVE
DELRAY BEACH, FL 33483 US

FEI Number: 38-3894306

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIGAN, PETER A
466 NE 5TH AVE
DELRAY BEACH, FL 33483 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	HARRIGAN, PETER
Address	466 NE 5TH AVE
City-State-Zip:	DELRAY BEACH FL 33483

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: PETER HARRIGAN MGR 04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date