

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000173169

Entity Name: INTOUCH HEALTH PROVIDERS, LLC

Current Principal Place of Business:

7402 HOLLISTER AVENUE
GOLETA, CA 93117

Current Mailing Address:

7402 HOLLISTER AVENUE
GOLETA, CA 93117 US

FEI Number: 82-1920525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name VANDERVOORT, ADAM
Address 2 MANHATTANVILLE RD,
 SUITE 203
City-State-Zip: PURCHASE NY 10577

Title MANAGER
Name DORFMAN, JONATHAN
Address 2 MANHATTANVILLE RD
 SUITE 203
City-State-Zip: PURCHASE NY 10577

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: JONATHAN DORFMAN

MANAGER

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date