

**2024 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, PRESIDENT  
Name           VANDERVOORT, ADAM  
Address        2 MANHATTANVILLE RD.  
                  SUITE 203  
City-State-Zip: PURCHASE NY 10577

Title           MANAGER, SECRETARY,  
                  TREASURER  
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**

**04/08/2024**

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

\_\_\_\_\_  
Date