

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000031765

Entity Name: REDBRIDGE NETWORK & HEALTHCARE, LLC

Current Principal Place of Business:

1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134

Current Mailing Address:

1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134 US

FEI Number: 20-2924879

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIL, LAURIE
1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134 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 SANTIAGO, EDMUND
Address 1300 PONCE DE LEON BLVD SUITE
103
City-State-Zip: CORAL GABLES FL 33134

Title AMBR
Name REDBRIDGE GROUP OF FLORIDA,
LLC
Address 1300 PONCE DE LEON BLVD SUITE
103
City-State-Zip: CORAL GABLES FL 33134

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: EDMUND SANTIAGO

MANAGER

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date