

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000037323

Entity Name: ITINERANT HEALTH, LLC

Current Principal Place of Business:

4779 ARCHERY LANE
MARIANNA, FL 32446

Current Mailing Address:

4779 ARCHERY LANE
MARIANNA, FL 32446 US

FEI Number: 81-1627991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TURNER, OTHHEL
1100 S STATE ROAD 7, SUITE 200A
MARGATE, FL 33068 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: OTHHEL TURNER

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	OTHER
Name	CHARLES, CLAYTON	Name	CHARLES, MICHELLE
Address	4779 ARCHERY LANE	Address	4779 ARCHERY LANE
City-State-Zip:	MARIANNA FL 32446	City-State-Zip:	MARIANNA FL 32446

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: CLAYTON CHARLES

MD

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date