

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000079090

**Entity Name:** TOUCH OF HEALTH MEDICAL CENTER LLC

**Current Principal Place of Business:**

1405 W COLONIAL DRIVE  
SUITE B  
ORLANDO, FL 32804

**Current Mailing Address:**

1405 W COLONIAL DRIVE  
SUITE B  
ORLANDO, FL 32804 UN

**FEI Number:** 81-2401096

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KORCHAGIN, VLADIMIR  
1405 W COLONIAL DRIVE  
SUITE B  
ORLANDO, FL 32804 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 AMBR  
Name KORCHAGIN, VLADIMIR  
Address 1405 W COLONIAL DRIVE SUITE B  
City-State-Zip: ORLANDO FL 32804

*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:** KORCHAGIN , VLADIMIR

AMBR

04/28/2022

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

\_\_\_\_\_  
Date