

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085656

**Entity Name:** MALAIKA HEALTH SERVICES LLC

**Current Principal Place of Business:**

3345 YUCATAN PL  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

3345 YUCATAN PL  
JACKSONVILLE, FL 32225 US

**FEI Number:** 81-2565437

**Certificate of Status Desired:** No

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

ALAZAR, BELAY E  
101 EAST 8TH STREET  
JACKSONVILLE, FL 32206 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:** BELAY ALAZAR

07/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           NJERU, CATHERINE N  
Address        3345 YUCATAN PL  
City-State-Zip: JACKSONVILLE FL 32225

*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:** CATHERINE N NJERU

**DIRECTOR**

07/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date