

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000225230

**Entity Name:** NPB HEALTHCARE & IT SERVICES LLC

**Current Principal Place of Business:**

16161 SW 143RD STREET  
MIAMI, FL 33196

**Current Mailing Address:**

16161 SW 143RD STREET  
MIAMI, FL 33196 US

**FEI Number:** 47-5023105

**Certificate of Status Desired:** No

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

BRYAN, NADIA-ANNE  
16161 SW 143RD STREET  
MIAMI, FL 33196 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:** NADIA-ANNE BRYAN

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRYAN, NADIA-ANNE PATRICE  
Address 16161 SW 143RD STREET  
City-State-Zip: MIAMI FL 33196

*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:** BRYAN, NADIA-ANNE PATRICE

MANAGER

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date