

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000027505

Entity Name: AVID HEALTH, LLC

Current Principal Place of Business:

10549 N FLORIDA AVENUE
SUITE L
TAMPA, FL 33612

Current Mailing Address:

P. O. BOX 17175
TAMPA, FL 33682-7175 US

FEI Number: 37-1849281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BANJOKO, BAMIDELE
10549 N FLORIDA AVENUE
SUITE L
TAMPA, FL 33612 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	CFO	Title	COO
Name	BANJOKO, STEVE	Name	BANJOKO, BAMIDELE C
Address	P. O. BOX 17175	Address	P. O. BOX 17175
City-State-Zip:	TAMPA FL 33682-7175	City-State-Zip:	TAMPA FL 33682-7175

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: STEVE BANJOKO

CFO

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date