

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000150071

Entity Name: NORTH AMERICA TP HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

12774 OXFORD CROSSING DRIVE
JACKSONVILLE, FL 32224

Current Mailing Address:

12774 OXFORD CROSSING DRIVE
JACKSONVILLE, FL 32224

FEI Number: 82-2163918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALARI, SIRISHA
12774 OXFORD CROSSING DR
JACKSONVILLE, FL 32224 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	MGR	Title	AR
Name	TALARI, SIRISHA	Name	PAKALA, DATHENDRA
Address	12774 OXFORD CROSSING DR	Address	12774 OXFORD CROSSING DR
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

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: SIRISHA TALARI

02/01/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date