

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000009981

**Entity Name:** LEAP HEALTH CARE SOLUTIONS LLC

**Current Principal Place of Business:**

4680 CASPIAN WAY  
DAVIE, FL 33314

**Current Mailing Address:**

4680 CASPIAN WAY  
DAVIE, FL 33314 US

**FEI Number: 82-3967047**

**Certificate of Status Desired:** No

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

LEAP HEALTH CARE SOLUTIONS  
4680 CASPIAN WAY  
DAVIE, FL 33314 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:** KIESHA-LUE CLARKE

04/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	CLARKE, KIESHALUE	Name	CLARKE, BEVERLEY
Address	4680 CASPIAN WAY	Address	4680 CASPIAN WAY
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

*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:** CLARKE, KIESHALUE

OWNER

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date