## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000016098

Entity Name: STUART HEALTHCARE HOLDING LLC

**Current Principal Place of Business:** 

1500 S.E. PALM BEACH RD. STUART, FL 34994

**Current Mailing Address:** 

17001 NE 6 AVENUE

NORTH MIAMI BEACH, FL 33162 US

FEI Number: 82-4088964 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Mar 24, 2025

**Secretary of State** 

6641121862CC

## Authorized Person(s) Detail:

Title MGR

Name STROHLI, ELI

Address 17001 NE 6 AVENUE

City-State-Zip: NORTH MIAMI BEACH FL 33162

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: ELI STROHLI MANAGER 03/24/2025