

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000062184

**Entity Name:** A NEW WAY HEALTHCARE, LLC

**Current Principal Place of Business:**

2380 S. THIRD STREET, SUITE 1  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

2380 S. THIRD STREET, SUITE 1  
JACKSONVILLE BEACH, FL 32250 US

**FEI Number:** 82-4789025

**Certificate of Status Desired:** No

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

STAUCH, ANA PST  
2380 S. THIRD STREET, SUITE 1  
JACKSONVILLE BEACH, FL 32250 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:** ANA STAUCH

04/10/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PST  
Name STAUCH, ANA  
Address 2380 S. THIRD STREET, SUITE 1  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** ANA STAUCH

PST

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date