

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000128250

**Entity Name:** DONNA'S DEVOTED HEALTH CARE LLC

**Current Principal Place of Business:**

3637 FOURTH ST. N.  
101  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

3637 FOURTH ST. N.  
101  
ST. PETERSBURG, FL 33704 US

**FEI Number:** 83-0663795

**Certificate of Status Desired:** No

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

BECKFORD, DONNA A  
3637 FOURTH ST. N.  
101  
ST. PETERSBURG, FL 33704 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 MANAGER  
Name BECKFORD, DONNA A  
Address 3637 FOURTH ST. N.  
101  
City-State-Zip: ST. PETERSBURG FL 33704

Title MANAGER  
Name JOHNSON, BILLIE J  
Address 3637 FOURTH ST. N.  
101  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** BECKFORD, DONNA A

**MGR**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date