

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000157138

**Entity Name:** MARIETTE HEALTHCARE LLC

**Current Principal Place of Business:**

420 ARCHER RD SE  
PALM BAY, FL 32909

**Current Mailing Address:**

420 ARCHER RD SE  
PALM BAY, FL 32909

**FEI Number:** 82-5394385

**Certificate of Status Desired:** No

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

JOSEPH, MARIETTE  
420 ARCHER RD SE  
PALM BAY, FL 32909 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  
Name JOSEPH, MARIETTE  
Address 420 ARCHER RD SE  
City-State-Zip: PALM BAY FL 32909

*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:** MARIETTE JOSEPH

MGR

02/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date