

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000166932

**Entity Name:** METRICS HEALTHCARE LLC

**Current Principal Place of Business:**

1130 HOLLY LANE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1650 MARGARET STREET  
SUITE 302-314  
JACKSONVILLE, FL 32204

**FEI Number:** 83-1214656

**Certificate of Status Desired:** No

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

ANDREATTA, PAMELA  
1130 HOLLY LANE  
JACKSONVILLE, FL 32207 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            PRES  
Name            ANDREATTA, PAMELA  
Address        1650 MARGARET STREET  
                  302-314  
City-State-Zip: JACKSONVILLE FL 32204

*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:** PAMELA ANDREATTA

**OWNER**

**07/31/2019**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date