

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000289859

Entity Name: HEALTH NETWORK MANAGEMENT, LLC

Current Principal Place of Business:

1040 BISCAYNE BLVD.
STE. 800
MIAMI, FL 33132

Current Mailing Address:

1040 BISCAYNE BLVD.
STE. 800
MIAMI, FL 33132 US

FEI Number: 83-2863317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUQUIS, JONATHAN
1040 BISCAYNE BLVD.
STE. 800
MIAMI, FL 33132 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 P
Name JOSHUA, WAPNER
Address 1040 BISCAYNE BLVD. STE 800
City-State-Zip: MIAMI FL 33132

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: JOSHUA WAPNER

P

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date