

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000055383

Entity Name: PLATINUM HEALTHCARE SOLUTIONS LLC

Current Principal Place of Business:

850 E. LIME STREET
PO BOX #507 PO BOX #507
TARPON SPRINGS, FL 34689

Current Mailing Address:

850 E LIME STREET
PO BOX #507
TARPON SPRINGS FL., FL 34689 US

FEI Number: 83-4174629

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PANTELIS, EMMANUEL N
850 E LIME STREET
PO BOX #507
TARPON SPRINGS, FL 34689 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 PANTELIS, EMMANUEL N
Address 850 E LIME STREET
PO BOX #507
City-State-Zip: TARPON SPRINGS FL. FL 34689

Title MGR
Name MARAKAS, TONY G
Address 850 E LIME STREET
PO BOX #507
City-State-Zip: TARPON SPRINGS FL. FL 34689

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: TONY MARAKAS

MANAGER

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date