

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000092606

Entity Name: HEALTHY LIVING VISITING PHYSICIANS LLC

Current Principal Place of Business:

1645 PALM BEACH LAKES BOULEVARD
1200
WEST PALM BEACH, FL 33401

Current Mailing Address:

1645 PALM BEACH LAKES BOULEVARD
1200
WEST PALM BEACH, FL 33401 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALIZA, WILFORD
2930 OKEECHOBEE BLVD
203
WEST PALM BEACH, FL 33409 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	VP	Title	PRES
Name	ALIZA, WILFORD	Name	ALIZA, MARIE CARMELLE ARNP
Address	4021 W HAMILTON KY	Address	4021 W HAMILTON KY
City-State-Zip:	WEST PALM BEACH FL 33411	City-State-Zip:	WEST PALM BEACH FL 33411

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: MARIE CARMELLE ALIZA

PRESIDENT

04/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date