

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000136416

Entity Name: NOCTURNIST HEALTH, LLC

Current Principal Place of Business:

7777 131ST ST N
SUITE 14
SEMINOLE, FL 33776

Current Mailing Address:

7777 131ST ST N
SUITE 14
SEMINOLE, FL 33776 US

FEI Number: 87-1439144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, TAKESHANICOLE M
10627 DAWNS LIGHT DR
RIVERVIEW, FL 33578 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: TAKESHANICOLE SCHWARTZ

01/22/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SCHWARTZ, TAKESHANICOLE M
Address 10627 DAWNS LIGHT DR
City-State-Zip: RIVERVIEW FL 33578

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: TAKESHANICOLE SCHWARTZ

OWNER

01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date