

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000178624

Entity Name: QUO VADIS HEALTHCARE, LLC

Current Principal Place of Business:

21142 SKY VISTA DR.
LAND O' LAKES, FL 34637

Current Mailing Address:

21142 SKY VISTA DR.
LAND O' LAKES, FL 34637 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TOBERT V
201 N. FRANKLIN ST., STE. 3200
TAMPA, FL 33602 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 RYAN, MARC S
Address 21142 SKY VISTA DR.
City-State-Zip: LAND O' LAKES FL 34637

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: MARC S. RYAN

MANAGER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date