

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000259720

**Entity Name:** MAYAHEALTHMD LLC

**Current Principal Place of Business:**

14777 SETON CREEK BLVD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

14777 SETON CREEK BLVD  
WINTER GARDEN, FL 34787 US

**FEI Number:** 84-3634847

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAI MORRIS, NATASHA  
14777 SETON CREEK BOULEVARD  
WINTER GARDEN, FL 34787 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:** NATASHA RAI MORRIS

03/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           DIRECTOR  
Name           RAI MORRIS, NATASHA  
Address        14777 SETON CREEK BOULEVARD  
City-State-Zip: WINTER GARDEN FL 34787

*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:** NATASHA RAI MORRIS

DIRECTOR

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date