

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000284555

Entity Name: PASE HEALTH SERVICES, LLC

Current Principal Place of Business:

520 NW 109 AVE
APT 1
MIAMI, FL 33172

Current Mailing Address:

520 NW 109 AVE
APT 1
MIAMI, FL 33172 US

FEI Number: 84-4227871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVILA, SELENY MS
520 NW 109 AVE
APT 1
MIAMI, FL 33172 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	Title	AP
Name	DAVILA, SELENY MS	Name	DAVILA, SELENY MS
Address	520 NW 109 AVE, APT 1	Address	520 NW 109 AVE, APT 1
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

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: SELENY DAVILA

OWNER

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date