

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000044890

**Entity Name:** HEALPLACE LLC

**Current Principal Place of Business:**

704 FITZHUGH WAY  
ALEXANDRIA, VA 22314

**Current Mailing Address:**

704 FITZHUGH WAY  
ALEXANDRIA, VA 22314 US

**FEI Number:** 84-4730820

**Certificate of Status Desired:** No

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

SINGAL, MANISHA  
5255 COLLINS AVENUE  
SUITE 12F  
MIAMI BEACH, FL 33140 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:** MANISHA SINGAL

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER

Title MBR

Name SINGAL, MANISHA

Name MEDEXCELL HEALTH, INC

Address 704 FITZHUGH WAY

Address 704 FITZHUGH WAY

City-State-Zip: ALEXANDRIA VA 22314

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*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:** MANISHA SINGAL

**PRESIDENT**

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date