

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000059486

Entity Name: PROVIDERS HEALTH, LLC

Current Principal Place of Business:

625 COURT STREET, STE 200
CLEARWATER, FL 33756

Current Mailing Address:

P.O. BOX 167
ODESSA, FL 33556 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT STREET, STE 200
CLEARWATER, FL 33756 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: J. MATTHEW MARQUARDT

03/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	MANAGER
Name	MARQUARDT, J. MATTHEW	Name	SANDERSON, JAMES
Address	625 COURT STREET, STE 200	Address	P.O. BOX 167
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	ODESSA FL 33556

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: JAMES SANDERSON

MANAGER

03/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date