

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000059486

**Entity Name:** PROVIDERS HEALTH, LLC

**Current Principal Place of Business:**

625 COURT STREET, STE 200  
CLEARWATER, FL 33756

**Current Mailing Address:**

625 COURT STREET, STE 200  
CLEARWATER, FL 33756 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

02/03/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MARQUARDT, J. MATTHEW  
Address        625 COURT STREET, STE 200  
City-State-Zip: CLEARWATER FL 33756

*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:** J. MATTHEW MARQUARDT

AMBR

02/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date