

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000118419

**Entity Name:** JUNIPER HEALTH, PLLC

**Current Principal Place of Business:**

160 SE 6TH AVE  
SUITE A1  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

160 SE 6TH AVE  
SUITE A1  
DELRAY BEACH, FL 33483 US

**FEI Number:** 85-0898056

**Certificate of Status Desired:** No

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

ANDERSON REGISTERED AGENTS, INC.  
625 E.TWIGGS STREET  
SUITE 110  
TAMPA, FL 33602 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 AMBR  
Name LIM, JAMES  
Address 3225 MCLEOD DR, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title AMBR  
Name FAVARETO, ANA  
Address 3225 MCLEOD DR, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

Title AMBR  
Name MCMINN, CARLY  
Address 3225 MCLEOD DR, SUITE 100  
City-State-Zip: LAS VEGAS NV 89121

*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:** LIM , JAMES

AMBR

07/31/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date