

2021 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
12001 RESEARCH PARKWAY, SUITE 236-K
ORLANDO, FL 32826 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: JAMES LIM**AUTHORIZED MEMBER****04/29/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date