2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2024
Secretary of State
9913557611CC

DOCUMENT# L20000156949

Entity Name: NP HEALTHCARE SERVICES, LLC

Current Principal Place of Business:

112 E TEVER ST
PLANT CITY, FL 33563

Current Mailing Address:

PO BOX 3244
PLANT CITY, FL 33563 US

FEI Number: 85-1417091

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS, DAVID R
4215 OLD RD 37
LAKELAND, FL 33813 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	P
Name	RODRIGUEZ, MAYRA
Address	PO BOX 3244
City-State-Zip:	PLANT CITY FL 33563

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: MAYRA RODRIGUEZ P 03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date