2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2025
Secretary of State
7856855311CC

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Entity Name: SEVEN DAYS HEALTHCARE MULTISERVICES, LLC

Current Principal Place of Business:

7027 W BROWARD BLVD
340
PLANTATION, FL 33317

Current Mailing Address:

7027 W BROWARD BLVD
340
PLANTATION, FL 33317 US

FEI Number: 85-1647985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALMYR, YONER
7027 W BROWARD BLVD
340
PLANTATION, FL 33317 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	VP
Name	PIERRE, YOLETTE
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	PRESIDENT
Name	VALMYR, MARIE C
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	TREASURER
Name	VALMYR, DAREENA C
Address	7027 W BROWARD BLVD 340
City-State-Zip:	PLANTATION FL 33317

Title	SECRETARY
Name	VALMYR, BENAJAH S
Address	7027 W BROWARD BLVD 340
City-State-Zip:	PLANTATION FL 33317

Title	MGR
Name	VALMYR, YONER
Address	7027 W BROWARD BLVD 340
City-State-Zip:	PLANTATION FL 33317

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: MARIE C VALMYR PRESIDENT 04/03/2025

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