

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000219508

Entity Name: ULTIMATE HEALTH DIRECT PRIMARY CARE LLC

Current Principal Place of Business:

733 N 3RD ST
LEESBURG, FL 34748

Current Mailing Address:

136 PARK LANE
WINTER HAVEN, FL 33884 US

FEI Number: 85-1818600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASKIN, AMANDA VONTRICE
136 PARK LANE
WINTER HAVEN, FL 33884 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: AMANDA GASKIN

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name GASKIN, AMANDA
Address 733 N 3RD ST
City-State-Zip: LEESBURG FL 34748

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: AMANDA VONTRICE GASKIN

CEO

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date