

**2023 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:**

415 WILLIAM DRIVE  
FRUITLAND PARK, FL 34731 US

**FEI Number:** 85-1818600

**Certificate of Status Desired:** No

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

NEIL, AMANDA VONTRICE  
415 WILLIAM DRIVE  
FRUITLAND PARK, FL 34731 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 VONTRICE NEIL

01/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NEIL, AMANDA  
Address 415 WILLIAM DRIVE  
City-State-Zip: FRUITLAND PARK FL 34731

*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 V NEIL

OWNER

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date