

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: Yes

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

02/06/2022

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 NEIL

CEO

02/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date