

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000249667

Entity Name: VICEROY HOME HEALTH, LLC

Current Principal Place of Business:

2941 NE 3RD ST
OCALA, FL 34470

Current Mailing Address:

PO BOX 1343
OCALA, FL 34478 UN

FEI Number: 83-3704662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JACQUES, VANESSA
2941 NE 3RD ST
OCALA, FL 34470 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: VANESSA JACQUES

04/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JACQUES, VANESSA
Address PO BOX 1343
City-State-Zip: Ocala FL 34478

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: VANESSA JACQUES

MANAGER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date