

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000285363

Entity Name: CARTER'S HEALTHCARE PROFESSIONALS LLC

Current Principal Place of Business:

187 LIVE OAK AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

187 LIVE OAK AVE
ORMOND BEACH, FL 32174 US

FEI Number: 85-3090511

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARTER, JAZMINE C
187 LIVE OAK AVE
ORMOND BEACH, FL 32174 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 MGR
Name CARTER, JAZMINE C
Address 187 LIVE OAK AVE
City-State-Zip: ORMOND BEACH FL 32174

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: JAZMINE CARTER

MGR

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date