

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000304555

**Entity Name:** LILAC HEALTH GROUP LLC

**Current Principal Place of Business:**

980 SYLVAN AVE  
ENGLEWOOD CLIFFS, NJ 07632

**Current Mailing Address:**

980 SYLVAN AVE  
ENGLEWOOD CLIFFS, NJ 07632 US

**FEI Number: 85-3365444**

**Certificate of Status Desired: No**

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

VSTATE FILINGS LLC.  
4522 INVERRARY BLVD  
LAUDERHILL, FL 33319 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 MGRM  
Name HYMAN, SIMCHA  
Address 980 SYLVAN AVE  
City-State-Zip: ENGLEWOOD CLIFFS NJ 07632

*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: SIMCHA HYMAN**

**MGR**

**04/10/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date