

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000354093

**Entity Name:** INGRID'S PROFESSIONAL HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

134 NE JETTIE TERRACE  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

134 NE JETTIE TERRACE  
PORT ST LUCIE, FL 34983 US

**FEI Number: 85-4010531**

**Certificate of Status Desired: No**

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

MARSDEN, INGRID D  
134 NE JETTIE TERRACE  
PORT ST LUCIE, FL 34983 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 MARSDEN, INGRID  
Address 134 NE JETTIE TERRACE  
City-State-Zip: PORT ST LUCIE FL 34983

*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: INGRID D MARSDEN**

**MGR**

**05/01/2023**

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

\_\_\_\_\_ Date