

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000001983

Entity Name: NOA HEALTH SERV LLC

Current Principal Place of Business:

691 E 21ST ST
2
HIALEAH, FL 33013

Current Mailing Address:

691 E 21ST ST
2
HIALEAH, FL 33013

FEI Number: 86-1252867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOA ALONSO, FREDDY
691 E 21ST ST
2
HIALEAH, FL 33013 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 AMBR
Name NOA ALONSO, FREDDY
Address 691 E 21ST ST APT 2
City-State-Zip: HIALEAH FL 33013

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: FREDDY NOA ALONSO

AMBR

03/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date