2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2024
Secretary of State
8743710711CC

DOCUMENT# L21000136789

Entity Name: NEW HORIZON INFUSION CLINICS, LLC

Current Principal Place of Business:

2633 MAHAN DRIVE
SUITE B
TALLLAHASSEE, FL 32308

Current Mailing Address:

1639 VILLAGE SQUARE BLVD
STE 2
TALLAHASSEE, FL 32309 US

FEI Number: 86-2297946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUGER, FRED
3375 CAPITAL CIRCLE NE
SUITE G
TALLAHASSEE, FL 32308 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	MBR	Title	MBR
Name	DAVIS, WILBURN T III	Name	VICKERS, BOBBY M
Address	1639 VILLAGE SQUARE BLVD STE 2	Address	1639 VILLAGE SQUARE BLVD STE 2
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309
Title	MBR	Title	MBR
Name	DAVIS, WILBURN T JR	Name	VANCE, JOHN C
Address	1639 VILLAGE SQUARE BLVD STE 2	Address	1639 VILLAGE SQUARE BLVD STE 2
City-State-Zip:	TALLAHASSEE FL 32309	City-State-Zip:	TALLAHASSEE FL 32309

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: VICKERS , BOBBY M MBR 04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date