

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000136789

Entity Name: NEW HORIZON INFUSION CLINICS, LLC

Current Principal Place of Business:

2633 MAHAN DRIVE
SUITE B
TALLAHASSEE, 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
Name DAVIS, WILBURN T III
Address 1639 VILLAGE SQUARE BLVD
STE 2
City-State-Zip: TALLAHASSEE FL 32309

Title MBR
Name VICKERS, BOBBY M
Address 1639 VILLAGE SQUARE BLVD
STE 2
City-State-Zip: TALLAHASSEE FL 32309

Title MBR
Name DAVIS, WILBURN T JR
Address 1639 VILLAGE SQUARE BLVD
STE 2
City-State-Zip: TALLAHASSEE FL 32309

Title MBR
Name VANCE, JOHN C
Address 1639 VILLAGE SQUARE BLVD
STE 2
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

03/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date