2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2024
Secretary of State
2260653766CC

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Entity Name: TAKE CARE PROVIDER SERVICES LLC

Current Principal Place of Business:

6897 LAKE MIST LN
JACKSONVILLE, FL 32210

Current Mailing Address:

6897 LAKE MIST LN
JACKSONVILLE, FL 32210 US

FEI Number: 86-3114864

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HANNANS, TIFFANY G
6897 LAKE MIST LN
JACKSONVILLE, FL 32210 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	HANNANS, TIFFANY G
Address	6897 LAKE MIST LN
City-State-Zip:	JACKSONVILLE FL 32210

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: TIFFANY HANNANS OWNER 04/20/2024

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