

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000229817

**Entity Name:** CARDONA HEALTH CARE, LLC

**Current Principal Place of Business:**

15333 PEACH BLOOM RD  
BROOKSVILLE, FL 34614

**Current Mailing Address:**

15333 PEACH BLOOM RD  
BROOKSVILLE, FL 34614

**FEI Number: 86-3957278**

**Certificate of Status Desired: No**

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

CARDONA, FARRAH F  
15333 PEACH BLOOM RD  
BROOKSVILLE, FL 34614 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	CEO	Title	MGR
Name	CARDONA, FARRAH F	Name	CARDONA, CARLOS A
Address	15333 PEACH BLOOM RD	Address	15333 PEACH BLOOM RD
City-State-Zip:	BROOKSVILLE FL 34614	City-State-Zip:	BROOKSVILLE FL 34614

*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: CARLOS CARDONA**

**MANAGER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date