

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000315102

Entity Name: MAC HEALTH CARE LLC.

Current Principal Place of Business:

4121 NW 5TH ST
SUITE 208
PLANTATION, FL 33317

Current Mailing Address:

4461 NW 4TH CT.
PLANTATION, FL 33317 US

FEI Number: 87-1639456

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMOR, NANCY
4461 NW 4TH CT.
PLANTATION, FL 33317 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 PMGR
Name ZAMOR, VIELAIRE SR.
Address 4461 NW 4TH CT.
City-State-Zip: PLANTATION FL 33317

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: VIELAIRE ZAMOR

OWNER

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date