

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000324505

Entity Name: LOYAL HEALTH CARE LLC

Current Principal Place of Business:

1110 NW 65 STREET
MIAMI, FL 33150

Current Mailing Address:

3131 NW 57 STREET
MIAMI, FL 33150

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POITIER, LASHAWN
1110 NW 65 STREET
MIAMI, FL 33142 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 POITIER, LASHAWN
Address 1110 NW 65 STREET
City-State-Zip: MIAMI FL 33150

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: LASHAWN POITIER

MANAGER

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date