

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000506376

Entity Name: MONUMENTAL HEALTH PARTNERS, LLC

Current Principal Place of Business:

12651 WEST SUNRISE BLVD
SUITE 101
SUNRISE, FL 33323

Current Mailing Address:

994 SHADYSIDE LANE
WESTON, FL 33327 US

FEI Number: 88-0687610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANSON, PAUL
12651 WEST SUNRISE BLVD
SUITE 101
SUNRISE, FL 33323 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: PAUL FRANSON

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PIERRE-PAUL, LAMERCIE
Address 994 SHADYSIDE LANE
City-State-Zip: WESTON FL 33327

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: LAMERCIE PIERRE-PAUL

MGR

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date