

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000112321

**Entity Name:** SCK HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD  
#299202  
FORT MYERS, FL 33912

**Current Mailing Address:**

13650 FIDDLESTICKS BLVD.  
#299202  
FORT MYERS, FL 33912 US

**FEI Number:** 88-1413674

**Certificate of Status Desired:** Yes

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

KAY, STACEY  
8286 WILDLIFE PRESERVE LANE  
FORT MYERS, FL 33912 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            PRESIDENT  
Name            KAY, STACEY  
Address        8286 WILDLIFE PRESERVE LANE  
City-State-Zip: FORT MYERS FL 33912

*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:** STACEY KAY

**PRESIDENT**

**01/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date