

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000196370

**Entity Name:** LA91 HEALTH SERVICES LLC

**Current Principal Place of Business:**

2014 EDGEWATER DR  
#109  
ORLANDO, FL 32804

**Current Mailing Address:**

2014 EDGEWATER DR  
#109  
ORLANDO, FL 32804 US

**FEI Number:** 88-2328696

**Certificate of Status Desired:** Yes

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

APONTE, LUIS A MR.  
2014 EDGEWATER DR  
#109  
ORLANDO, FL 32804 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 LUIS ANGEL APONTE  
Address 2014 EDGEWATER DR  
City-State-Zip: ORLANDO FL 32804

*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:** TOMAS LARES

CONSULTANT

04/30/2025

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

\_\_\_\_\_  
Date