

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000296074

**Entity Name:** MANA PROVIDER SOLUTIONS, LLC

**Current Principal Place of Business:**

200 SOUTH ANDREWS AVE, SUITE 504  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 SOUTH ANDREWS AVE, SUITE 504  
FORT LAUDERDALE, FL 33301 US

**FEI Number: 88-3124863**

**Certificate of Status Desired: Yes**

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

FAMA, NATALIA I  
9821 SW 58TH CT  
COOPER CITY, FL 33328 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 MGRM  
Name FAMA, NATALIA I  
Address 9821 SW 58TH CT  
City-State-Zip: COOPER CITY FL 33328

*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: NATALIA FAMA**

**MGRM**

**04/30/2023**

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

\_\_\_\_\_  
Date