

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000297211

**Entity Name:** ON POINT HEALTHCARE STAFFING AGENCY LLC

**Current Principal Place of Business:**

4445 MISTY DAWN CT. SOUTH  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

4445 MISTY DAWN CT. SOUTH  
JACKSONVILLE, FL 32277 US

**FEI Number:** 88-3113632

**Certificate of Status Desired:** No

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

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I STE 455  
MIAMI, FL 33126 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:** WESLEY DOLAN

03/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            HARRIS, CHERIL  
Address         4445 MISTY DAWN CT. SOUTH  
City-State-Zip: JACKSONVILLE FL 32277

*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:** CHERIL HARRIS

MEMBER

03/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date