

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000363910

Entity Name: JCE HEALTH, LLC

Current Principal Place of Business:

7345 JACKSONS SPRINGS RD
SUITE C3
TAMPA, FL 33634

Current Mailing Address:

P.O. BOX 262704
TAMPA, FL 33685 US

FEI Number: 88-3856589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERS, GEIDY APRN
7609 BARRY RD
TAMPA, FL 33615 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 AP
Name RIVERS, GEIDY APRN
Address 7609 BARRY RD
City-State-Zip: TAMPA FL 33615

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: GEIDY RIVERS

OWNER

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date