

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000401471

Entity Name: A BETTER LIFE FAMILY MEDICAL CARE LLC

Current Principal Place of Business:

10637 WILD AZALEA COURT
JACKSONVILLE, FL 32221

Current Mailing Address:

10637 WILD AZALEA COURT
JACKSONVILLE, FL 32221 UN

FEI Number: 93-2874400

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS-RICHARDSON, LAVIDA J MD
10637 WILD AZALEA COURT
JACKSONVILLE, FL 32221 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: LAVIDA THOMAS-RICHARDSON

10/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THOMAS-RICHARDSON, LAVIDA J MD
Address 10637 WILD AZALEA COURT
City-State-Zip: JACKSONVILLE FL 32221

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: LAVIDA THOMAS-RICHARDSON

MRS.

10/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date