

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L22000481552

Entity Name: STA HEALTH LLC

Current Principal Place of Business:

3284 COVE BEND DR. SUITE 1
TAMPA, FL 33613

Current Mailing Address:

3284 COVE BEND DR. SUITE 1
TAMPA, FL 33613 US

FEI Number: 92-1053558

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ABUKHODEIR, SUMMER T
3284 COVE BEND DR. SUITE 1
TAMPA, FL 33613 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 ABUKHODEIR, SUMMER T
Address 3284 COVE BEND DR. SUITE 1
City-State-Zip: TAMPA FL 33613

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: SUMMER ABUKHODEIR

ARNP

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date