

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000006832

**Entity Name:** MEDICARE HEALTH ADVISORS LLC

**Current Principal Place of Business:**

2151 W HILLSBORO BLVD  
402  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

2151 W HILLSBORO BLVD  
402  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 92-1621260

**Certificate of Status Desired:** No

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

COUYOUTE, BENJAMIN  
2151 W HILLSBORO BLVD  
402  
DEERFIELD BEACH, FL 33442 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 AR  
Name COUYOUTE, BENJAMIN  
Address 2151 W HILLSBORO BLVD  
402  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name JAFFY, MAX  
Address 2151 W HILLSBORO BLVD  
402  
City-State-Zip: DEERFIELD BEACH FL 33442

Title MGR  
Name JAFFY, TODD  
Address 2151 W HILLSBORO BLVD  
402  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** BENJAMIN COUYOUTE

**REGISTERED AGENT**

**03/30/2026**

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

\_\_\_\_\_  
Date