

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000102168

Entity Name: WILSON HEALTHCARE SERVICES LLC

Current Principal Place of Business:

608 SEALOFTS DRIVE APT 202
APT 202
BOYNTON BEACH, FL 33426

Current Mailing Address:

608 SEALOFTS DRIVE APT 202
APT 202
BOYNTON BEACH, FL 33426 US

FEI Number: 92-2716602

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILSON, ALPHONSO K DR.
608 SEALOFTS DRIVE APT 202
APT 202
BOYNTON BEACH, FL 33426 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 WILSON, ALPHONSO K DR
Address 608 SEALOFTS DRIVE APT 202
APT 202
City-State-Zip: BOYNTON BEACH FL 33426

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: ALPHONSO WILSON

AR

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date