

**2025 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

02/06/2025

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

\_\_\_\_\_  
Date