

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000107161

Entity Name: NEEDS HEALTH LLC

Current Principal Place of Business:

24718 STATE ROAD 54
LUTZ, FL 33558

Current Mailing Address:

24718 STATE ROAD 54
LUTZ, FL 33558

FEI Number: 92-2608946

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAITRI & ASSOCIATES LLC
5401 W. KENNEDY BLVD
SUITE 102
TAMPA, FL 33609 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 MEM
Name PATEL, RAHUL A
Address 4518 CHEVAL BLVD
City-State-Zip: LUTZ FL 33558

Title MEM
Name PATEL, NAYANA R
Address 4518 CHEVAL BLVD
City-State-Zip: LUTZ FL 33558

Title MEM
Name PATEL, KEYUR R
Address 4518 CHEVAL BLVD
City-State-Zip: LUTZ FL 33558

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: NAYANA R PATEL

MEM

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date