

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000317937

Entity Name: EDWARDS HEALTH SOLUTIONS LLC

Current Principal Place of Business:

20235 NE 12TH AVE
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

20235 NE 12TH AVE
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 93-2512233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, JOHN M
20235 NE 12TH AVE
NORTH MIAMI BEACH, FL 33179 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: JOHN M EDWARDS

02/19/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------|-----------------|----------------------------|
| Title | FOUNDER & CEO | Title | OTHER |
| Name | EDWARDS, JOHN M | Name | GALLAGHER, KEAGAN |
| Address | 20235 NE 12TH AVE | Address | 20235 NE 12TH AVE |
| City-State-Zip: | NORTH MIAMI BEACH FL 33179 | City-State-Zip: | NORTH MIAMI BEACH FL 33179 |

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: JOHN M EDWARDS

CEO/MGR

02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date