#### 2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000354615

Entity Name: ANCHOR HEALTH SERVICES, LLC

**FILED** Sep 30, 2025 **Secretary of State** 1016721080CC

# **Current Principal Place of Business:**

6869 SW 39TH TERRACE MIAMI, FL 33155

## **Current Mailing Address:**

**6869 SW 39 TERRACE** MIAMI, FL 33155 US

FEI Number: 93-2630220 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

PEREZ, JORGE 6869 SW 39 TERRACE MIAMI, FL 33155 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: JORGE E. PEREZ 09/30/2025

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title AR

Name PEREZ, JORGE

Address **6869 SW 39 TERRACE** 

City-State-Zip: MIAMI FL 33155

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.

AR

Electronic Signature of Signing Authorized Person(s) Detail