## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000367905

Entity Name: APRICUS HEALTHCARE, LLC

**Current Principal Place of Business:** 

4849 LAKE WORTH ROAD 200

LAKE WORTH, FL 33463

**Current Mailing Address:** 

4849 LAKE WORTH ROAD 200

LAKE WORTH, FL 33463

FEI Number: 93-3810763 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAMPBELL-ROBINSON, RHOENNA E 1775 LINTON LAKES DRIVE H DELRAY BEACH, FL 33445 US

22.00.22.00., 12.00.10.00

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

FILED Feb 07, 2024

**Secretary of State** 

1309212442CC

Authorized Person(s) Detail:

Title MGR Title MGR

NameCAMPBELL-ROBINSON, RHOENNA ENameDESCHINEAU, RODNEEAddress1775 LITON LAKES DRIVE. APT. HAddress6976 N CALUMET CIRCLECity-State-Zip:DELRAY BEACH FL 33445City-State-Zip:LAKE WORTH FL 33467

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: RHOENNA CAMPBELL-ROBINSON

REGISTERED AGENT

02/07/2024