2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Dec 09, 2024
Secretary of State
3000035563CC

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

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	MGR	Title	MGR
Name	CAMPBELL-ROBINSON, RHOENNA E	Name	DESCHINEAU, RODNEE
Address	1775 LITON LAKES DRIVE. APT. H	Address	6976 N CALUMET CIRCLE
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	LAKE WORTH FL 33467
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	ANGLADE, MOISE DR.	Name	ABELLARD, DAVID DR.
Address	4849 LAKE WORTH ROAD 200	Address	4849 LAKE WORTH ROAD 200
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463

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 MANAGER 12/09/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date