

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000437958

**Entity Name:** TRICARBHEALTH LLC

**Current Principal Place of Business:**

3651 NW 120TH AVE  
STE B  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2700 CORAL SPRINGS DRIVE  
309  
CORAL SPRINGS, FL 33065 UN

**FEI Number:** 93-3576808

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARBONE, TRISTA N  
3651 NW 120TH AVE  
STE B  
CORAL SPRINGS, FL 33065 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  
Name CARBONE, TRISTA N  
Address 3651 NW 120TH AVE, STE B  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** TRISTA CARBONE

**MANAGER**

**03/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date