

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000502278

**Entity Name:** BETANCOURT APRN PRIMARY HEALTHCARE.LLC

**Current Principal Place of Business:**

4742 BLOSSOM DR  
HOLIDAY, FL 34690

**Current Mailing Address:**

4742 BLOSSOM DR  
HOLIDAY, FL 34690

**FEI Number:** 93-4367041

**Certificate of Status Desired:** No

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

BETANCOURT SANZ, ORLANDO  
4742 BLOSSOM DRIVE  
HOLIDAY, FL 34690 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            APRN  
Name            BETANCOURT SANZ, ORLANDO  
                    APRN  
Address        4742 BLOSSOM DR  
City-State-Zip: HOLIDAY 34690

*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:** ORLANDO BETANCOURT SANZ

APRN

02/21/2025

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

\_\_\_\_\_  
Date