

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000536770

Entity Name: TESTAMENT HEALTH LLC

Current Principal Place of Business:

801 EAGLE VIEW DR.
TALLAHASSEE, FL 32311

Current Mailing Address:

801 EAGLE VIEW DR.
TALLAHASSEE, FL 32311 US

FEI Number: 88-1435987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UKAGA, ANTHONIA
801 EAGLE VIEW DR.
TALLAHASSEE, FL 32311 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 UKAGA, ANTHONIA
Address 801 EAGLE VIEW DR.
City-State-Zip: TALLAHASSEE FL 32311

Title AMBR
Name UKAGA, CHRISTIAN
Address 801 EAGLE VIEW DR.
City-State-Zip: TALLAHASSEE FL 32311

Title AMBR
Name UKAGA, CHIDIEBERE
Address 801 EAGLE VIEW DR.
City-State-Zip: TALLAHASSEE FL 32311

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: ANTHONIA UKAGA

MGR

03/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date