

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000005582

**Entity Name:** JASON HEALTH LLC

**Current Principal Place of Business:**

5701 E HILLSBOROUGH AVE  
TAMPA, FL 33610

**Current Mailing Address:**

5701 E HILLSBOROUGH AVE  
TAMPA, FL 33610

**FEI Number:** 99-0565331

**Certificate of Status Desired:** No

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

3 LEAF FINANCIAL GROUP  
10810 BOYETTE ROAD 1852  
RIVERVIEW, FL 33568 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 OCCILIEN, JASON  
Address 5701 E HILLSBOROUGH AVE  
City-State-Zip: TAMPA FL 33610

*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:** JASON OCCILIEN

07/22/2024

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

\_\_\_\_\_ Date