

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000099264

Entity Name: ADVANCED PROVIDER SERVICES LLC

Current Principal Place of Business:

12661 STRATHMORE LOOP
FORT MYERS, FL 33912

Current Mailing Address:

12661 STRATHMORE LOOP
FORT MYERS, FL 33912 US

FEI Number: 87-4579859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAY, EMILY C
12661 STRATHMORE LOOP
FORT MYERS, FL 33912 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 DAY, EMILY C
Address 12661 STRATHMORE LOOP
City-State-Zip: FORT MYERS FL 33912

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: EMILY DAY

MGR

02/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date