

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000141242

Entity Name: ADDRESS HEALTHCARE OF FLORIDA, PLLC

Current Principal Place of Business:

8348 LITTLE RD STE 149
NEW PORT RICHEY, FL 34654

Current Mailing Address:

8348 LITTLE RD STE 149
NEW PORT RICHEY, FL 34654 US

FEI Number: 99-2293796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
311 PARK PLACE BOULEVARD
SUITE 300
CLEARWATER, FL 33759 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 MORRISON, CHRISTOPHER
Address 8348 LITTLE RD STE 149
City-State-Zip: NEW PORT RICHEY FL 34654

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: MORRISON , CHRISTOPHER

MGR

04/10/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date