

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000506927

Entity Name: PRIME HEALTH SUPPLY LLC

Current Principal Place of Business:

163 S ARABELLA WAY
SAINT JOHNS, FL 32259

Current Mailing Address:

163 S ARABELLA WAY
SAINT JOHNS, FL 32259

FEI Number: 33-2514940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORCE, JOLINE
163 S ARABELLA WAY
SAINT JOHNS, FL 32259 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 AR
Name DORCE, JOLINE
Address 163 S ARABELLA WAY
City-State-Zip: SAINT JOHNS FL 32259

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: JOLINE DORCE

OWNER

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date