

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000000341

**Entity Name:** MITCHELL MARTIN HEALTHCARE LLC

**Current Principal Place of Business:**

90 WOODBRIDGE CENTER DRIVE  
SUITE 420  
WOODBIDGE, NJ 07095

**Current Mailing Address:**

90 WOODBRIDGE CENTER DRIVE  
SUITE 420  
WOODBIDGE, NJ 07095 US

**FEI Number:** 47-2239497

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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           MANAGING MEMBER  
Name           HOLTZMAN, EUGENE  
Address        90 WOODBRIDGE CENTER DRIVE  
                  SUITE 420  
City-State-Zip: WOODBRIDGE NJ 07095

*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:** EUGENE HOLTZMAN

**MANAGING MEMBER**

**05/02/2023**

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

\_\_\_\_\_  
Date