

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000011343

Entity Name: TRIVENT HEALTHCARE, LLC

Current Principal Place of Business:

2200 NW CORPORATE BLVD., SUITE 409
BOCA RATON, FL 33431

Current Mailing Address:

2200 NW CORPORATE BLVD., SUITE 409
BOCA RATON, FL 33431 US

FEI Number: 46-5049944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIMAH, SAM
2200 NW CORPORATE BLVD., SUITE 409
BOCA RATON, FL 33431 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 MBR
Name NIMAH, SAM
Address 2200 NW CORPORATE BLVD., SUITE
 409
City-State-Zip: BOCA RATON FL 33431

Title CFO
Name WALTON, JENNIFER L
Address 2200 NW CORPORATE BLVD
 SUITE 409
City-State-Zip: BOCA RATON FL 33431

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: SAM NIMAH

CEO/MBR

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date