

**2023 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	Title	CFO
Name	NIMAH, SAM	Name	WALTON, JENNIFER L
Address	2200 NW CORPORATE BLVD., SUITE 409	Address	2200 NW CORPORATE BLVD SUITE 409
City-State-Zip:	BOCA RATON FL 33431	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:** JENNIFER WALTON

CFO

03/10/2023

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

\_\_\_\_\_ Date