

**2023 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M21000001191

**Entity Name:** ICONIX HEALTHCARE LLC

**Current Principal Place of Business:**

1800 SOUTH OCEAN DR  
APT 2501  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1800 SOUTH OCEAN DR  
APT 2501  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 85-4226189

**Certificate of Status Desired:** No

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

HANNA, JOHN  
1800 SOUTH OCEAN DR  
APT 2501  
HALLANDALE BEACH, FL 33009 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:** JOHN HANNA

02/02/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	HANNA, JOHN	Name	HANNA, JOHN
Address	1800 SOUTH OCEAN DR APT 2501	Address	1800 SOUTH OCEAN DR APT 2501
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

*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:** JOHN HANNA

MGRM

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date