## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000013534

Entity Name: ULTIMATE HEALTH SOLUTIONS LLC

# **Current Principal Place of Business:**

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

### **Current Mailing Address:**

7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 US

FEI Number: 92-2248857 Certificate of Status Desired: No

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

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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

**FILED** Feb 06, 2024

**Secretary of State** 

1456930397CC

### Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title

Name THETA ADMINISTRATION, LLC

7901 4TH ST N STE 300 Address

City-State-Zip: ST. PETERSBURG FL 33702

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.