## 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. 07/15/2021

# SIGNATURE: LAURA MAITA

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L20000012845

Entity Name: WILLETT HEALTHCARE SOLUTIONS LLC

## **Current Principal Place of Business:**

4115 CROSSWATER DR TAMPA, FL 33615

#### **Current Mailing Address:**

4115 CROSSWATER DR **TAMPA FL 33615** 

### FEI Number: 85-2650854

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

WILLETT, THOMAS 4115 CROSSWATER DR TAMPA, FL 33615 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

#### Authorized Person(s) Detail :

Title	AR	Title	MGR
Name	WILLETT, THOMAS	Name	MAITA, LAURA R
Address	4115 CROSSWATER DR	Address	4115 CROSSWATER DR
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615

MGR

Certificate of Status Desired: No

FILED Jul 15, 2021 Secretary of State 8456571672CC

Date

Date