

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000406622

Entity Name: EPIC ICONIC HEALTH CARE LLC

Current Principal Place of Business:

499 N STATE ROAD 434
SUITE 2147
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

499 N STATE ROAD 434
SUITE 2147
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOWNER, SHELANDO
499 N STATE 434
SUITE 2147
ALTAMONTE, FL 32714 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 AP
Name DOWNER, SHELANDO
Address 499 N STATE ROAD 434 SUITE 2147
City-State-Zip: ALTAMONTE FL 32714

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: SHELANDO DOWNER

AP

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date