

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000422993

**Entity Name:** MARTINEZ HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

2226 N CYPRESS BEND DR  
108  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2226 N CYPRESS BEND DR  
108  
POMPANO BEACH, FL 33069

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MARTINEZ, CHRIS  
2226 N CYPRESS BEND DR  
108  
POMPANO BEACH, FL 33069 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 MGR  
Name MARTINEZ, CHRIS  
Address 2226 N CYPRESS BEND DR #108  
City-State-Zip: POMPAN BEACH FL 33069

*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:** MARTINEZ,CHRIS

**MGR**

**05/01/2022**

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

\_\_\_\_\_  
Date