

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000442520

Entity Name: BRIGHTSIDE HEALTHCARE AGENCY, LLC**Current Principal Place of Business:**196 SW GARTH ST
FORT WHITE, FL 32038**Current Mailing Address:**196 SW GARTH ST
FORT WHITE, FL 32038 US**FEI Number:** 87-2505501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIS, PATRICIA A
196 SW GARTH ST
FORT WHITE, FL 32038 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	Title	MGR
Name	DAVIS, PATRICIA A	Name	DAVIS, JESSE C
Address	196 SW GARTH ST	Address	457 SE MELROSE WAY
City-State-Zip:	FORT WHITE FL 32038	City-State-Zip:	LAKE CITY FL 32025
Title	MGR		
Name	DAVIS-HOLMES, FELISA A		
Address	696 SW BOBCAT DR		
City-State-Zip:	FORT WHITE FL 32038		

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: FELISA A DAVIS-HOLMES

MGR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date