

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000264727

**Entity Name:** NATIONWIDE HEALTH AGENCY LLC

**Current Principal Place of Business:**

8100 OAK LN  
SUITE 202  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8100 OAK LN  
SUITE 202  
MIAMI LAKES, FL 33016 US

**FEI Number:** 88-2904424

**Certificate of Status Desired:** No

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

HARDILL, JAMES  
5703 NW 46TH DR  
CORAL SPRINGS, FL 33067 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 HARDILL, JAMES  
Address 5703 NW 46TH DR  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** JAMES HARDILL

MGR

04/06/2023

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

\_\_\_\_\_  
Date