

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000492223

**Entity Name:** PEREGRINE HEALTH SERVICES, LLC

**Current Principal Place of Business:**

941 MORSE BOULEVARD  
SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

921 GEORGIA AVENUE  
WINTER PARK, FL 32789 US

**FEI Number:** 92-1166659

**Certificate of Status Desired:** No

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

FEINBERG, MARK  
921 GEORGIA AVENUE  
WINTER PARK, FL 32789 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 FEINBERG, MARK  
Address 921 GEORGIA AVENUE  
City-State-Zip: WINTER PARK FL 32789

*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:** MARK FEINBERG \_\_\_\_\_

MANAGING MEMBER

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date