

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000231352

**Entity Name:** EMPIRE HEALTH ADVISORS LLC

**Current Principal Place of Business:**

3303 W COMMERCIAL BLVD, STE 190A  
TAMARAC, FL 33309

**Current Mailing Address:**

3303 W COMMERCIAL BLVD, STE 190A  
TAMARAC, FL 33309 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

STETTER, ANTHONY  
3303 W COMMERCIAL BLVD, STE 190A  
TAMARAC, FL 33309 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 STETTER, ANTHONY  
Address 3303 W COMMERCIAL BLVD, STE  
190A  
City-State-Zip: TAMARAC FL 33309

*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:** ANTHONY STETTER

**PRESIDENT**

**02/15/2024**

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

\_\_\_\_\_  
Date