

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000404622

Entity Name: SUPERIOR HEALTH SOLUTIONS LLC

Current Principal Place of Business:

4500 NORTH FLAGLER DRIVE
C24
WEST PALM BEACH, FL 33407

Current Mailing Address:

4500 NORTH FLAGLER DRIVE
C24
WEST PALM BEACH, FL 33407 US

FEI Number: 93-3120259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COVELLO, NICOLAS J
4500 N FLAGLER DRIVE
C24
WEST PALM BEACH, FL 33407 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 COVELLO, NICOLAS J
Address 4500 N FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33407

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: NICOLAS COVELLO

MGR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date