

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004777

Entity Name: LAKEVIEW HEALTH SYSTEMS, L.L.C.**Current Principal Place of Business:**1900 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216**Current Mailing Address:**642 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442 US**FEI Number:** 65-1100767**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, PHILLIP CLAY
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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:** PHILLIP CLAY JOHNSON

04/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CHAIRMAN
Name	KIRCHER III, ROBERT E
Address	642 SOUTH MILITARY TRAIL
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	CEO
Name	STEVENS, JAMIE
Address	642 SOUTH MILITARY TRAIL
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	CFO
Name	JOHNSON, PHILLIP CLAY
Address	642 S MILITARY TRL
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	AUTHORIZED MEMBER
Name	LEONG, FRANKLIN
Address	642 SOUTH MILITARY TRAIL
City-State-Zip:	DEERFIELD BEACH FL 33442

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: PHILLIP CLAY JOHNSON

CFO

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date