2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2024
Secretary of State
9192122824CC

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Entity Name: TONEY HEALTHCARE CONSULTING, LLC

Current Principal Place of Business:

3903 NORTHDALE BLVD STE 220E
TAMPA, FL 33624

Current Mailing Address:

3903 NORTHDALE BLVD STE 220E
TAMPA, FL 33624 US

FEI Number: 80-0237229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MANAGER
Name	TONEY, SAM
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MEMBER
Name	TONEY, SAM
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MEMBER
Name	CENTRE CAPITAL INVESTORS VIII, LP
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MEMBER
Name	CENTRE PARTNERS COINVESTMENT VIII, L.P.
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MANAGER
Name	LOWDER, ROBERT W
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MEMBER
Name	HEALTH ENTERPRISE PARTNERS IV, LP
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

Title	MEMBER
Name	CENTRE CAPITAL VIII OPPORTUNITY FUND, LP
Address	3903 NORTHDALE BLVD STE 220E
City-State-Zip:	TAMPA FL 33624

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: ROBERT W LOWDER MANAGER 02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date