

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116663

**Entity Name:** SENIOR FOCUS HEALTH SYSTEMS, L.L.C.

**Current Principal Place of Business:**

1868 HIGHLAND OAKS BLVD.  
SUITE A  
LUTZ, FL 33559

**Current Mailing Address:**

1868 HIGHLAND OAKS BLVD.  
SUITE A  
LUTZ, FL 33559 US

**FEI Number:** 26-4036257

**Certificate of Status Desired:** No

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

SEACOAST ELITE MANAGEMENT  
5004 E. FOWLER AVE.  
SUITE C-358  
TAMPA, FL 33617 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:** MICHELLE VAUGHAN

04/06/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SEACOAST HEALTH SYSTEMS, INC.  
Address 1868 HIGHLAND OAKS BLVD.  
SUITE A  
City-State-Zip: LUTZ FL 33559

*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:** SEACOAST HEALTH SYSTEMS, INC.

MANAGER

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date