

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039926

**FILED  
Mar 09, 2023  
Secretary of State  
9987613503CC**

**Entity Name:** REC HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

6834 SUNRISE DRIVE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

6834 SUNRISE DRIVE  
CORAL GABLES, FL 33133 US

**FEI Number:** 26-4779507

**Certificate of Status Desired:** No

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

CORONA, RAMON E  
6834 SUNRISE DRIVE  
CORAL GABLES, FL 33133 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           | MGRM                  | Title           | MANAGER           |
| Name            | CORONA, RAMON E       | Name            | CORONA, NICOLE    |
| Address         | 6834 SUNRISE DRIVE    | Address         | 4941 SW 75TH LANE |
| City-State-Zip: | CORAL GABLES FL 33133 | City-State-Zip: | MIAMI FL 33143    |

Title           MANAGER  
Name           CORONA, DANIELLE  
Address        6834 SUNRISE DRIVE  
City-State-Zip: CORAL GABLES FL 33133

*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:** RAMON E. CORONA

**MANAGER**

**03/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date