2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000123415

Entity Name: LIFECARE PROPERTIES LLC

Current Principal Place of Business:

8623 COMMODITY CIRCLE ORLANDO, FL 32819

Current Mailing Address:

8623 COMMODITY CIRCLE ORLANDO, FL 32819 US

FEI Number: 45-4731970

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

FILED Apr 25, 2021 Secretary of State 3104233431CC

Certificate of Status Desired: No

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 | Title | MANAGER |
| | Name | WRIGHT, MICHAEL T | Name | GRABOSKY, DAVID M. |
| | Address | 8623 COMMODITY CIRCLE | Address | 200 S. ORANGE AVENUE, SUITE 2800 |
| | City-State-Zip: | ORLANDO FL 32819 | City-State-Zip: | ORLANDO FL 32801 |
| | Title | MANAGER | | |
| | Name | GONZALEZ, RICARDO H. | | |
| | Address | 8623 COMMODITY CIRCLE | | |

City-State-Zip: ORLANDO FL 32819

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: MICHAEL T. WRIGHT

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date