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: MIRIAM PASTOR

MANAGER

Certificate of Status Desired: No

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131284

Entity Name: 2826 CLEVELAND AVENUE OPERATIONS LLC

Current Principal Place of Business:

2826 CLEVELAND AVENUE FORT MYERS. FL 33901

Current Mailing Address:

1040 CROWN POINTE PKWY STE 600 ATLANTA GA 30338-4741 US

FEI Number: 61-1666359

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title	MEMBER	Title	MANAGER
Name	EPSILON HEALTH CARE PROPERTIES, LLC 850 CONCOURSE PKWY S STE 250	Name	PASTOR, MIRIAM
Address		Address	5901 NW 79TH AVE
Address		Citv-State-Zip:	TAMARAC FL 33321-4639
City-State-Zip:	MAITLAND FL 32751		

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 21, 2022 Secretary of State 7127436116CC

> 04/21/2022 Date

Date