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 C. PASTOR

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

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

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:

ATLANTA GA 30338-4741 US

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000131348

Entity Name: 2401 NE 2ND STREET OPERATIONS LLC

Current Principal Place of Business:

2401 NE 2ND STREET POMPANO BEACH, FL 33062

Current Mailing Address:

1040 CROWN POINTE PKWY STE 600

FEI Number: 38-3858020

FILED Apr 25, 2023 Secretary of State 2127088194CC

Certificate of Status Desired: No

Date

04/25/2023

MANAGER