

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000012990

Entity Name: ALCANTARA HEALTH LLC

Current Principal Place of Business:

5814 HERONPARK PLACE
LITHIA, FL 33547

Current Mailing Address:

5814 HERONPARK PLACE
LITHIA, FL 33547 US

FEI Number: 82-4068417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIGHT, DAVID
823 COUNTRY CLUB DRIVE
NORTH PALM BEACH, FL 33408 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 | MGR | Title | MGR |
| Name | LIGHT, DAVID | Name | RAY, BRETT |
| Address | 823 COUNTRY CLUB DRIVE | Address | 5814 HERONPARK PLACE |
| City-State-Zip: | NORTH PALM BEACH FL 33408 | City-State-Zip: | LITHIA FL 33547 |

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: DAVID LIGHT

PRES

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date