

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000069401

Entity Name: SFL CARE OF FL II, LLC

Current Principal Place of Business:

1301 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE, FL 32207

Current Mailing Address:

1301 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE, FL 32207 US

FEI Number: 83-4143979

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MANAGER
Name EPISODE SOLUTIONS, LLC
Address 102 WOODMONT BLVD SUITE 350
City-State-Zip: NASHVILLE TN 37205

Title MANAGER
Name CARE OF FL MSO, LLC
Address 1301 RIVERPLACE BLVD
 SUITE 800
City-State-Zip: JACKSONVILLE FL 33207

Title AUTHORIZED REPRESENTATIVE
Name HANNON, JOHN
Address 102 WOODMONT BLVD
 SUITE 350
City-State-Zip: NASHVILLE TN 37205

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: JOHN HANNON

AUTHORIZED SIGNATOR 02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date