

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000242891

**Entity Name:** WCI HEALTH LLC

**Current Principal Place of Business:**

THORNCREST DRIVE  
2920  
ORANGE PARK, FL 32065

**Current Mailing Address:**

THORNCREST DRIVE  
2920  
ORANGE PARK, FL 32065 US

**FEI Number:** 84-3169118

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OHONBA, LOLA O DR.  
THORNCREST DRIVE  
2920  
ORANGE PARK, FL 32065 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  
Name OHONBA, LOLA O DR.  
Address 2920 THORNCREST DRIVE  
City-State-Zip: ORANGE PARK FL 32065

*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:** LOLA OHONBA

**PRESIDENT**

**04/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date