

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000366046

Entity Name: NOON HEALTH OF FLORIDA, LLC

Current Principal Place of Business:

715 MARKET STREET
SUITE 203
CHATTANOOGA, TN 37402

Current Mailing Address:

715 MARKET STREET
SUITE 203
CHATTANOOGA, TN 37402 US

FEI Number: 86-1305137

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 AUTHORIZED REPRESENTATIVE
Name BIBLE, ALLEN
Address 715 MARKET STREET
SUITE 203
City-State-Zip: CHATTANOOGA TN 37402

Title AUTHORIZED REPRESENTATIVE
Name MORRIS, ZACHARY P.
Address 715 MARKET STREET
SUITE 203
City-State-Zip: CHATTANOOGA TN 37402

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: ALLEN BIBLE

AUTHORIZED PERSON

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date