2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2025
Secretary of State
4797698525CC

DOCUMENT# L21000012836

Entity Name: PADDOCK RIDGE ASSISTED LIVING FACILITY, LLC

Current Principal Place of Business:

4001 SW 33RD CT
OCALA, FL 34474

Current Mailing Address:

320 NORWOOD PARK SOUTH
NORWOOD, MA 02062 US

FEI Number: 86-1566691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST. NORTH, STE. 300
ST. PETERSBURG, FL 33702 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: DAVID ROBERTS 04/23/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	POINTE GROUP CARE, LLC
Address	320 NORWOOD PARK SOUTH
City-State-Zip:	NORWOOD MA 02062

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: ELLEN PHILLIPS FILING ADMIN 04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date