

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000231700

**Entity Name:** PATHWAYS PROPERTIES HOLDINGS, LLC**Current Principal Place of Business:**700 WEST MAIN ST  
LEESBURG, FL 34748**Current Mailing Address:**700 WEST MAIN ST  
LEESBURG, FL 34748 US**FEI Number:** 87-1327725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGNER, DAVID P  
700 WEST MAIN ST  
LEESBURG, FL 34748 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 AMBR  
Name FQHC CONSULTANTS, INC.  
Address POBOX 99  
City-State-Zip: MOUNT DORA FL 32756

Title AMBR  
Name DEVHEALTH, LLC  
Address 132 COUNTRYSIDE DRIVE  
City-State-Zip: LOGWOOD FL 32779

Title AMBR  
Name EXCELERATED BUSINESS  
SOLUTIONS, INC  
Address 2457 WILLOW SPRING CT  
City-State-Zip: APOPKA FL 32712

Title AMBR  
Name RHAM GROUP, LLC  
Address 9093 E PINEHURST AVE  
City-State-Zip: INVERNESS FL 34450

Title MGR  
Name BACKER, SCOTT  
Address 9093 E PINEHURST AVE  
City-State-Zip: INVERNESS FL 34450

*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: SCOTT BACKER****MANAGER****07/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date