

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000498990

Entity Name: ALACRITY HEALTH, LLC

Current Principal Place of Business:

1000 BRICKELL AVE
715 PMB 1466
MIAMI, FL 33131

Current Mailing Address:

205 COTTON FIELD COURT
ALPHARETTA, GA 30022 US

FEI Number: 87-3653827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAUGHERTY, RANDALL G
10116 BAY AVE
ENGLEWOOD, FL 34224 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 SCHINDLER, KIMBERLY J
Address 205 COTTON FIELD COURT
City-State-Zip: ALPHARETTA GA 30022

Title MGR
Name HILL, KRISTINA A
Address 4658 DON LORENZO DRIVE, UNIT G
City-State-Zip: LOS ANGELES CA 90008

Title MGR
Name OLEKSYN, ANDREW DR.
Address 5N327 SWITCHGRASS LN
City-State-Zip: ST. CHARLES IL 60175

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: KRISTINA HILL

PRESIDENT

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date