

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000097808

Entity Name: WCI HEALTH UNIVERSITY 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: 88-2667275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OHONBA, LOLA 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 PRES
Name OHONBA, LOLA 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