

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000241156

Entity Name: LAKELAND HOSPITAL, LLC

Current Principal Place of Business:

5501 FLORIDA AVE. S
LAKELAND, FL 33813

Current Mailing Address:

6030 S RICE AVE
STE C
HOUSTON, TX 77081

FEI Number: 88-2641239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLARREAL, ONIER
5501 FLORIDA AVE. S
LAKELAND, FL 33813 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 VO, TOM
Address 6030 S RICE AVE, STE C
City-State-Zip: HOUSTON TX 77081

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: TOM VO

MANAGER

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date