

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000031024

Entity Name: ARCHWELL HEALTH MEDICAL OF FLORIDA, LLC

Current Principal Place of Business:

102 WOODMONT BLVD., SUITE 600
NASHVILLE, TN 37205

Current Mailing Address:

102 WOODMONT BLVD., SUITE 600
NASHVILLE, TN 37205 US

FEI Number: 92-2018253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ARCHWELL HEALTH MEDICAL HOLDINGS, LLC
Address 102 WOODMONT BLVD., SUITE 600
City-State-Zip: NASHVILLE TN 37205

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: HANNAH EHRLICH

ACCOUNTING DIRECTOR 03/11/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date