

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000162906

Entity Name: ASCENT HEALTHCARE PARTNERS, LLC

Current Principal Place of Business:

6239 NELMS ROAD W
LAKELAND, FL 33811

Current Mailing Address:

6239 NELMS ROAD W
LAKELAND, FL 33811 UN

FEI Number: 92-3397830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATTERS, GABRIELA A
6239 NELMS ROAD W
LAKELAND, FL 33811 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 WATTERS, GABRIELA A
Address 6239 NELMS ROAD W
City-State-Zip: LAKELAND FL 33811

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: GABRIELA WATTERS

MGR

01/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date