

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000559841

**Entity Name:** THE BAIN HEALTH, LLC

**Current Principal Place of Business:**

5511 CLEARVIEW DRIVE  
ORLANDO, FL 32819

**Current Mailing Address:**

5511 CLEARVIEW DRIVE  
ORLANDO, FL 32819 UN

**FEI Number:** 99-0428245

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAIN, YOLANDE  
5511 CLEARVIEW DRIVE  
ORLANDO, FL 32819 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 BAIN, YOLANDE  
Address 5511 CLEARVIEW DRIVE  
City-State-Zip: ORLANDO FL 32819

*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:** YOLANDE BAIN

**OWNER**

**02/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date