

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005039

Entity Name: AVEANNA HEALTHCARE AS, LLC**Current Principal Place of Business:**400 INTERSTATE NORTH PARKWAY SE
STE. 1600
ATLANTA, GA 30339**Current Mailing Address:**400 INTERSTATE NORTH PARKWAY SE
STE. 1600
ATLANTA, GA 30339 US**FEI Number:** 37-1864863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 | MANAGER, EXECUTIVE CHAIRMAN |
| Name | WINDLEY , RODNEY |
| Address | 400 INTERSTATE NORTH PARKWAY SE STE. 1600 |
| City-State-Zip: | ATLANTA GA 30339 |

| | |
|-----------------|---|
| Title | MANAGER, CHIEF EXECUTIVE OFFICER & PRESIDENT |
| Name | STRANGE , HARMON ANTHONY |
| Address | 400 INTERSTATE NORTH PARKWAY SE STE. 1600 |
| City-State-Zip: | ATLANTA GA 30339 |

| | |
|-----------------|---|
| Title | SECRETARY |
| Name | DRAKE , SHANNON |
| Address | 400 INTERSTATE NORTH PARKWAY SE STE. 1600 |
| City-State-Zip: | ATLANTA GA 30339 |

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: SHANNON DRAKE**SECRETARY****04/04/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date