

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000003145

Entity Name: R AND E HEALTH CARE, LLC**Current Principal Place of Business:**7320 EAST FLETCHER AVE
TAMPA, FL 33637**Current Mailing Address:**7320 EAST FLETCHER AVE
TAMPA, FL 33637 US**FEI Number:** 83-3297423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEPHENSON, ELLA BSN,RN
5601 WIND HOVER 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	MMAF
Name	STEPHENSON, ELLA BSN, RN
Address	7002 ANNIE WALK
City-State-Zip:	LITHONIA GA 30038

Title	MGAP
Name	CAMPBELL, MARCIA
Address	7002 ANNIE WALK
City-State-Zip:	LITHONIA GA 30038

Title	MGMB
Name	BOLLERS, CHRISTEEN
Address	7002 ANNIE WALK
City-State-Zip:	LITHONIA GA 30038

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: ELLA MICHELLE STEPHENSON**ADMINISTRATOR****07/19/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date