

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000014033

Entity Name: ALARICHEALTHLAKECITY INC

Current Principal Place of Business:

480 SW MAIN BLVD
LAKE CITY, FL 32025

Current Mailing Address:

480 SW MAIN BLVD
LAKE CITY, FL 32025 US

FEI Number: 99-1582531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITED, JAMES
455 EDGEWOOD AVE S
JACKSONVILLE, FL 32205 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

Officer/Director Detail :

Title DIR
Name WHITED, JAMES C JR
Address 480 SW MAIN BLVD
City-State-Zip: LAKE CITY FL 32025

Title DIR
Name WILLIAMS, JASON W
Address 480 SW MAIN BLVD
City-State-Zip: LAKE CITY FL 32025

Title P
Name WHITED, JAMES C JR
Address 480 SW MAIN BLVD
City-State-Zip: LAKE CITY FL 32025

Title VP
Name WILLIAMS, JASON W
Address 480 SW MAIN BLVD
City-State-Zip: LAKE CITY FL 32025

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES WHITED

ALARIC HEALTH

04/08/2025

Electronic Signature of Signing Officer/Director Detail

Date