

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083958

Entity Name: LEJEUNE HEALTH CARE GROUP, INC.**Current Principal Place of Business:**1643 NW 136TH AVE
BUILDING H, SUITE 100
SUNRISE, FL 33323**Current Mailing Address:**265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL DEPT.
KNOXVILLE, TN 37919 US**FEI Number:** 65-0951316**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**Officer/Director Detail :**

Title DIRECTOR/PRESIDENT
Name UPPAL, ROHIT MD
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title AS
Name STAIR, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title AT
Name BARRACK, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name CORVINI, MICHAEL
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title VP
Name EVANS, ROB
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title TREASURER/SECRETARY
Name LEONE, ALICE
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title ASST. TREASURER
Name OWENS, LARA
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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: JOHN R STAIR**ASSISTANT SECRETARY** 04/13/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date