

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005600

Entity Name: CATALINA HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

850 CONCOURSE PKWY S STE 250
MAITLAND, FL 32751

Current Mailing Address:

1040 CROWN POINTE PKWY STE 600
ATLANTA, GA 30338-4741 US

FEI Number: 20-1135070

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 MEMBER
Name AUGUSTA HEALTH CARE
PROPERTIES, LLC
Address 850 CONCOURSE PKWY S STE 250
City-State-Zip: MAITLAND FL 32751

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: TIM LEHNER

AUTH REP

04/24/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date