

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044578

Entity Name: CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC

Current Principal Place of Business:

85 BULLDOG BOULEVARD
MELBOURNE, FL 32901

Current Mailing Address:

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

FEI Number: 26-0220976

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

Title MANAGER
Name PASTOR, MIRIAM
Address 5901 NW 79TH AVE
City-State-Zip: TAMARAC FL 33321-4639

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: MIRIAM PASTOR

MANAGER

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date