

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044578

**Entity Name:** CATALINA GARDENS 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:** 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

*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