

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034841

**Entity Name:** CARTER HEALTH, L.L.C.

**Current Principal Place of Business:**

1902 CYPRESS LAKE DR SUITE 150  
ORLANDO, FL 32837

**Current Mailing Address:**

4630 S KIRKMAN RD  
PMB# 362  
ORLANDO, FL 32811 US

**FEI Number:** 26-2352332

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARTER, RODNEY PRES  
4630 S KIRKMAN RD  
PMB# 362  
ORLANDO, FL 32811 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            PRES  
Name            CARTER, RODNEY  
Address        4630 S KIRKMAN RD  
                  PMB# 362  
City-State-Zip: ORLANDO FL 32811

*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:** RODNEY E CARTER

**PRESIDENT**

**01/07/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date