

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034841

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

**Current Principal Place of Business:**

4201 VINELAND ROAD  
SUITE I 13-14  
ORLANDO, FL 32811

**Current Mailing Address:**

4201 VINELAND ROAD  
SUITE I 13-14  
ORLANDO, FL 32811 US

**FEI Number:** 26-2352332

**Certificate of Status Desired:** Yes

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

CARTER, RODNEY PRES  
4201 VINELAND ROAD  
SUITE I 13-14  
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        4370 L B MCLEOD ROAD  
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 CARTER

**PRESIDENT**

**02/21/2017**

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

\_\_\_\_\_  
Date