

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034841

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

**Current Principal Place of Business:**

4370 L.B. MCLEOD ROAD  
ORLANDO, FL 32811

**Current Mailing Address:**

4370 L B MCLEOD ROAD  
ORLANDO, FL 32811 US

**FEI Number:** 26-2352332

**Certificate of Status Desired:** No

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

CARTER, RODNEY PRES  
4370 L B MCLEOD ROAD  
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**

**04/13/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date