

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131327

**Entity Name:** 9311 SOUTH ORANGE BLOSSOM TRAIL OPERATIONS LLC

**Current Principal Place of Business:**

9311 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**Current Mailing Address:**

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

**FEI Number:** 80-0770038

**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 ELLIOTT, JARED  
Address 9311 S ORANGE BLOSSOM TRL  
City-State-Zip: ORLANDO FL 32837-8301

*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:** JARED ELLIOTT

MANAGER

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date