

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000093851

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**0789508453CC**

**Entity Name:** ARMSDALE HEALTH VENTURES, LLC

**Current Principal Place of Business:**

2380 SADLER ROAD, SUITE 101  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

2380 SADLER ROAD, SUITE 101  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 59-3686144

**Certificate of Status Desired:** No

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

WILSON, J. CHARLES  
2380 SADLER ROAD, SUITE 101  
FERNANDINA BEACH, FL 32034 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 MGR  
Name WILSON, J. CHARLES  
Address 2380 SADLER ROAD, SUITE 101  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name SELL, STEVEN W  
Address 2380 SADLER ROAD, SUITE 101  
City-State-Zip: FERNANDINA BEACH FL 32034

Title MGR  
Name FIVE POINTS HEALTH CARE, LTD  
Address 2380 SADLER ROAD, SUITE 101  
City-State-Zip: FERNANDINA BEACH FL 32034

*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:** STEVEN W SELL

MGR

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date