

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000099981

**Entity Name:** IVY CREEK HEALTHCARE, LLC

**Current Principal Place of Business:**

2843 S BAYSHORE DRIVE  
UNIT P4A  
MIAMI, FL 33133

**Current Mailing Address:**

246 BLUE CREEK CIRCLE  
DADEVILLE, AL 36853 US

**FEI Number:** 46-3633786

**Certificate of Status Desired:** No

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

BRUCE, MICHAEL D  
2843 S BAYSHORE DRIVE  
UNIT P4A  
MIAMI, FL 33133 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 AUTHORIZED MEMBER  
Name BRUCE, MICHAEL D  
Address 2843 S BAYSHORE DRIVE  
UNIT P4A  
City-State-Zip: MIAMI FL 33133

Title MANAGER  
Name BRUCE, TANYA  
Address 246 BLUE CREEK CIRCLE  
City-State-Zip: DADEVILLE AL 36853

*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:** MICHAEL BRUCE

CEO

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date