

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000115041

**Entity Name:** SUNSPIRE HEALTH FLORIDA, LLC**Current Principal Place of Business:**215 W. VERNE STREET  
SUITE B  
TAMPA, FL 33606**Current Mailing Address:**600 W. HILLSBORO BLVD  
300  
DEERFIELD BEACH, FL 33441 US**FEI Number:** 46-3424864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HATTON, DAVID  
2960 WENTWORTH  
WESTON, FL 33332 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:** DAVID L. HATTON

01/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | MODIST, SCOTT                |
| Address         | 600 W. HILLSBORO BLVD<br>300 |
| City-State-Zip: | DEERFIELD BEACH FL 33441     |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | JONAS, GARRY                 |
| Address         | 600 W. HILLSBORO BLVD<br>300 |
| City-State-Zip: | DEERFIELD BEACH FL 33441     |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | HATTON, DAVID                |
| Address         | 600 W. HILLSBORO BLVD<br>300 |
| City-State-Zip: | DEERFIELD BEACH FL 33441     |

*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:** GARRY JONAS**MANAGER**

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date