

2020 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
350
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

03/02/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MODIST, SCOTT
Address 600 W. HILLSBORO BLVD
350
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR
Name JONAS, GARRY
Address 600 W. HILLSBORO BLVD
350
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR
Name HATTON, DAVID
Address 600 W. HILLSBORO BLVD
350
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: SCOTT MODIST

MGR

03/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date