

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000158950

Entity Name: OHRI, LLC**Current Principal Place of Business:**1414 KUHL AVENUE
MP#2
ORLANDO, FL 32806**Current Mailing Address:**1414 KUHL AVENUE
MP2
ORLANDO, FL 32806 US**FEI Number:** 47-2067699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN
207 W. GORE ST., SUITE 201
ORLANDO, FL 32806 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:** RYAN ZIKA

04/11/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** PRESIDENT, AUTHORIZED
REPRESENTATIVE**Name** OHE, GREG**Address** 1414 KUHL AVENUE,**City-State-Zip:** ORLANDO FL 32806**Title** AUTHORIZED REPRESENTATIVE**Name** MILLER, JOHN**Address** 1414 KUHL AVENUE
MP#2**City-State-Zip:** ORLANDO FL 32806**Title** AUTHORIZED MEMBER**Name** ORLANDO HEALTH, INC.**Address** 1414 KUHL AVENUE
MP#2**City-State-Zip:** ORLANDO FL 32806**Title** MANAGER**Name** OH AMBULATORY SERVICES
MANAGEMENT, LLC**Address** 1414 KUHL AVENUE
MP#2**City-State-Zip:** ORLANDO FL 32806**Title** AUTHORIZED REPRESENTATIVE**Name** TAYLOR, MATTHEW**Address** 1414 KUHL AVENUE
MP#2**City-State-Zip:** ORLANDO FL 32806

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: GREG OHE**PRESIDENT**

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date