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: JAGDISH AMBWANI

DOCUMENT# L16000183538

Entity Name: LITTLE ANGELS PEDIATRIC EXTENDED CARE LLC

Current Principal Place of Business:

1400 W STATE RD 434 STE 1000 LONGWOOD, FL 32750

Current Mailing Address:

1400 W STATE RD 434 STE 1000 LONGWOOD, FL 32750 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

AMBWANI, JAGDISH 1400 W STATE RD 434 STE 1000 LONGWOOD, FL 32750 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	: JAGDISH AMBWANI			02/02/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	MGR	
Name	GUARDIAN ANGEL HOLDINGS LLC	Name	AMBWANI, JAGDISH	
Address	1400 W STATE RD 434 STE 1000	Address	1400 W STATE ROAD 434 1000	
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750	

Certificate of Status Desired: No

MEDICAL DIRECTOR 02/02/2023

Date

FILED Feb 02, 2023 Secretary of State 1566674074CC

Electronic Signature of Signing Authorized Person(s) Detail