2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2025
Secretary of State
1728222062CC

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Entity Name: ASCENDO HEALTHCARE STAFFING LLC

Current Principal Place of Business:

2 ALHAMBRA PLAZA STE 1220
CORAL GABLES, FL 33134

Current Mailing Address:

2 ALHAMBRA PLAZA STE 1220
CORAL GABLES, FL 33134 US

FEI Number: 82-3361753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGER, CHARLES S
2 ALHAMBRA PLAZA STE 1220
CORAL GABLES, FL 33134 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: CHARLES BERGER 02/12/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	ASCENDO HEALTHCARE HOLDING LLC
Address	2 ALHAMBRA PLAZA STE 1220
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	HOLZER, EUGENE
Address	2 ALHAMBRA PLAZA STE 1220
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	BRAU, ALEX
Address	TWO ALHAMBRA PLAZA STE 1220
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	BERGER, CHARLES S
Address	2 ALHAMBRA PLAZA STE 1220
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	PENA, GUSTAVO
Address	2 ALHAMBRA PLAZA STE 1220
City-State-Zip:	CORAL GABLES FL 33134

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: BENJAMIN BENAMI OPERATIONS AND DEVELOPMENT COORDINATOR 02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date