

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000254060

Entity Name: AVIHEALTH, LLC

Current Principal Place of Business:

8301 CASA DEL RIO LANE
FORT MYERS, FL 33919

Current Mailing Address:

8301 CASA DEL RIO LANE
FORT MYERS, FL 33919 US

FEI Number: 83-2447557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MARSHALL, COLIN
Address 8301 CASA DEL RIO LANE
City-State-Zip: FORT MYERS FL 33919

Title MANAGER
Name CASSANDRA MARSHALL
Address 8301 CASA DEL RIO LANE
City-State-Zip: FORT MYERS FL 33919

Title MANAGER
Name NICHOLAS MARSHALL
Address 8301 CASA DEL RIO LANE
City-State-Zip: FORT MYERS FL 33919

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: COLIN MARSHALL

MANAGER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date