

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000278927

Entity Name: EXCELSIOR HEALTHCARE LLC

Current Principal Place of Business:

4521 LAKE WORTH ROAD
LAKE WORTH, FL 33463

Current Mailing Address:

4521 LAKE WORTH ROAD
LAKE WORTH, FL 33463

FEI Number: 83-2762240

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOW, JASON
4521 LAKE WORTH ROAD
LAKE WORTH, FL 33463 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: JASON GALLOW

04/29/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GALLOW, JASON
Address 4521 LAKE WORTH ROAD
City-State-Zip: LAKE WORTH FL 33463

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: GALLOW JASON

MGR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date