2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2024
Secretary of State
3710071561CC

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Entity Name: SFL CARE OF FL III, LLC

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD
SUITE 3760
MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD
SUITE 3760
MIAMI, FL 33131 US

FEI Number: 83-4143646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MANAGER	Title	MANAGER
Name	CARE OF FL MSO, LLC	Name	EPISODE SOLUTIONS, LLC
Address	1301 RIVERPLACE BLVD SUITE 800	Address	102 WOODMONT BLVD SUITE 350
City-State-Zip:	JACKSONVILLE FL 33207	City-State-Zip:	NASHVILLE TN 37205

Title	AUTHORIZED REPRESENTATIVE, SENIOR VICE PRESIDENT
Name	HANNON, JOHN
Address	102 WOODMONT BLVD SUITE 350
City-State-Zip:	NAHVILLE TN 37205

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: JOHN HANNON — SENIOR VICE PRESIDENT — 03/01/2024

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