

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000248048

Entity Name: CONNER HEALTH & EDUCATION, LLC

Current Principal Place of Business:

1900 S MELLONVILLE AVENUE
SANFORD, FL 32771

Current Mailing Address:

1900 S MELLONVILLE AVENUE
SANFORD, FL 32771

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
2655 S. LE JEUNE ROAD,
PH2-C
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name CONNER, DEBRA J
Address 1900 S MELLONVILLE AVENUE
City-State-Zip: SANFORD FL 32771

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: DEBRA CONNER

AR

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date