

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000002952

Entity Name: CHIEFLAND HEALTH CENTER LLC**Current Principal Place of Business:**304 N MAIN ST
CHIEFLAND, FL 32626**Current Mailing Address:**304 N MAIN ST
CHIEFLAND, FL 32626 US**FEI Number:** 84-4051165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOLAVENTY, ASHWIN
6600 SW HWY 200
SUITE 300
OCALA, FL 34476 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:** ASHWIN KOLAVENTY

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	MANAGER
Name	KOLAVENTY, ASHWIN	Name	KOLAVENTY, RAJARSHI
Address	6600 SW HWY 200 SUITE 300	Address	6600 SW HWY 200 SUITE 300
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476

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: ASHWIN KOLAVENTY

CFO

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date