

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000084770

Entity Name: ALLEO HEALTH OF FLORIDA, LLC

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 904
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 904
JACKSONVILLE, FL 32202 US

FEI Number: 87-2637825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MEMBER
Name INC., CARE HOSPICE,
Address 946 GRADY AVENUE
SUITE 200
City-State-Zip: CHARLOTTESVILLE VA 22903-4487

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: CARE HOSPICE, INC.

MEMBER, BY JON-
MICHAEL SANCHEZ
ATTORNEY-IN-FACT

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date