

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000162623

Entity Name: ZION HEALTH INSTITUTE L.L.C.

Current Principal Place of Business:

8202 SW 20TH STREET
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

8202 SW 20TH STREET
NORTH LAUDERDALE, FL 33068

FEI Number: 86-3742281

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL, MADELINE
8202 SW 20TH STREET
NORTH LAUDERDALE, FL 33068 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 MGR
Name PAUL, MADELINE
Address 8202 SW 20TH STREET
City-State-Zip: NORTH LAUDERDALE FL 33068

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: PAUL,MADELINE

MGR

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date