

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000384494

**Entity Name:** SUNTREE HEALTH LLC

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD 276  
ORLANDO, FL 32817

**Current Mailing Address:**

10151 UNIVERSITY BLVD  
276  
ORLANDO, FL 32817 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FLESCH, CAROLANN  
10151 UNIVERSITY BLVD  
276  
ORLANDO, FL 32817 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:** CAROLANN FLESCH

04/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FLESCH, CAROLANN  
Address 10151 UNIVERSITY BLVD  
276  
City-State-Zip: ORLANDO FL 32817

*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:** CAROLANN FLESCH

PRES

04/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date