

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000510498

**Entity Name:** SOUTH FLORIDA JOINT REPLACEMENT STAY SUITES, LLC

**Current Principal Place of Business:**

11221 ROE AVE  
LEAWOOD, KS 66211

**Current Mailing Address:**

11221 ROE AVENUE  
SUITE 150  
LEAWOOD, KS 66211 US

**FEI Number:** 87-3866557

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 NUEHEALTH EQUITY CO., LLC  
Address 11221 ROE AVE  
City-State-Zip: LEAWOOD KS 66211

*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: DON BISBEE**

**AUTHORIZED AGENT**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date