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: ISSAM A. HALABY, MD

Electronic Signature of Signing Authorized Person(s) Detail

| Name | HALABY, ISSAM DR. |
|-----------------|--------------------|
| Address | 436 S. NOKOMIS AVE |
| City-State-Zip: | VENICE FL 34285 |
| | |

PRESIDENT

Certificate of Status Desired: No

Current Principal Place of Business: 436 S. NOKOMIS AVE VENICE, FL 34285

Current Mailing Address:

DOCUMENT# L22000021663

436 S. NOKOMIS AVE VENICE, FL 34285 US

FEI Number: 59-1775439

Name and Address of Current Registered Agent:

Entity Name: MASH PROPERTIES, LLC OF VENICE

HALABY, ISSAM A DR. 436 S. NOKOMIS AVE VENICE, FL 34285 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: | E: ISSAM A. HALABY, MD | | | 03/22/2024 | |
|-------------------------------|--|-----------------|--------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | P, VP, T, S | Title | PRACTICE MANAGER | | |
| Name | HALABY, ISSAM A | Name | HALABY, ISSAM DR. | | |
| Address | 436 S. NOKOMIS AVE | Address | 436 S. NOKOMIS AVE | | |
| City-State-Zip: | VENICE FL 34285 | City-State-Zip: | VENICE FL 34285 | | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

03/22/2024 Date

FILED Mar 22, 2024 Secretary of State 8444545923CC