

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000422662

**Entity Name:** WG HEALTHCARE ASSOCIATES

**Current Principal Place of Business:**

4221 N.E. 16 TERRACE  
OAKLAND PARK, AL 33334

**Current Mailing Address:**

4221 N.E. 16 TERRACE  
OAKLAND PARK, AL 33334 US

**FEI Number: 88-4226009**

**Certificate of Status Desired: No**

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

REX, RYAN R  
4221 N.E. 16 TERRACE  
OAKLAND PARK, FL 33334 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 REX, RYAN R  
Address 4221 NE 16 TERRACE  
City-State-Zip: OAKLAND PARK FL 33334

Title MGR  
Name SCALIA, CARI J  
Address 5376 NW 120 AVENUE  
City-State-Zip: CORAL SPRINGS FL 33076

*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: RYAN R REX**

**MGR**

**03/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date