### 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. 04/07/2023

SIGNATURE: RYAN R REX

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: OA RK FL 33334 City-State-Zip: CORAL SPRINGS FL 33076

#### thorized Person(s) Detail Δı

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	REX, RYAN R	Name	SCALIA, CARI J
Address	4221 NE 16 TERRACE	Address	5376 NW 120 AVENUE
City-State-Zip:	OAKLAND PARK FL 33334	City-State-Zip:	CORAL SPRINGS FL 33076

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.

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

# FEI Number: 46-2286497

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

REX, RYAN R 4221 N.E. 16 TERRACE OAKLAND PARK, FL 33334 US

SIGNATURE:

FILED Apr 07, 2023 Secretary of State 5194761440CC

Certificate of Status Desired: No

MANAGER

Date

Date

# 2023 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:**