

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000143921

**Entity Name:** TRANSCEND HEALTH SOLUTIONS, LLC

**Current Principal Place of Business:**

402 43RD STREET W  
BRADENTON, FL 34209

**Current Mailing Address:**

PO BOX 14370  
BRADENTON, FL 34280 US

**FEI Number: 92-3247278**

**Certificate of Status Desired: No**

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

DAY, WAYNE CHARLES ESQ.  
402 43RD STREET W  
BRADENTON, FL 34209 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: WAYNE CHARLES DAY**

**03/13/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DAY, WAYNE C  
Address 12403 HARBOUR LANDINGS DRIVE  
CORTEZ, FL 34  
City-State-Zip: CORTEZ FL 34215

*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: WAYNE CHARLES DAY**

**MANAGER**

**03/13/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date