

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000509377

Entity Name: CALTA HEALTH DISTRICT, LLC

Current Principal Place of Business:

3109 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

3121 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

FEI Number: 93-4701257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONARDO, JOSE J ESQ.
500 SOUTH DIXIE HIGHWAY
SUITE 204
CORAL GABLES, FL 33146 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	Title	MGR
Name	CALTAGIRONE, GAETANO	Name	CALTAGIRONE, IGNAZIO
Address	3121 PONCE DE LEON BOULEVARD	Address	3121 PONCE DE LEON BOULEVARD
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: IGNAZIO CALTAGIRONE

MGR

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date