

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L25000290295

Entity Name: KENYON HEALTH SERVICES LLC

Current Principal Place of Business:

1516 EMERALD ISLE POINT
APOPKA, FL 32703

Current Mailing Address:

1516 EMERALD ISLE POINT
APOPKA, FL 32703 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENYON, CARTER
1516 EMERALD ISLE PT
APOPKA, FL 32703 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 AMBR
Name KENYON, CARTER
Address 1516 EMERALD ISLE PT
City-State-Zip: APOPKA FL 32703

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: CARTER KENYON

AMBR

04/14/2026

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date