

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000462

Entity Name: PROVIDENT GROUP - CITRUS HEALTH & REHABILITATION
CENTER LLC

Current Principal Place of Business:

5565 BANKERS AVENUE
BATON ROUGE, LA 70808

Current Mailing Address:

5565 BANKERS AVENUE
BATON ROUGE, LA 70808

FEI Number: 75-3006601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	PROVIDENT RESOURCES GROUP INC.	Name	HICKS, DONOVAN O
Address	5565 BANKERS AVENUE	Address	5565 BANKERS AVENUE
City-State-Zip:	BATON ROUGE LA 70808	City-State-Zip:	BATON ROUGE LA 70808

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: DONOVAN O. HICKS

AUTHORIZED
REPRESENTATIVE

02/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date