

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007076

Entity Name: SAFE HARBOUR HEALTHCARE, LLC

Current Principal Place of Business:

505 KING STREET, SUITE 300
LA CROSSE, WI 54601

Current Mailing Address:

505 KING STREET, SUITE 300
LA CROSSE, WI 54601

FEI Number: 20-5996684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKEMP, THOMAS W
811 SHRIVER CIRCLE
LAKE MARY, FL 32746 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 MGRM
Name SKEMP, THOMAS W
Address 811 SHRIVER CIRCLE
City-State-Zip: LAKE MARY FL 32746

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: THOMAS W. SKEMP

MANAGER

01/26/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date