

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004238

**Entity Name:** EDU HEALTHCARE, LLC

**Current Principal Place of Business:**

18820 STATESVILLE ROAD  
CORNELIUS, NC 28031

**Current Mailing Address:**

PO BOX 2400  
CORNELIUS, NC 28031 US

**FEI Number:** 26-0763414

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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            MANAGING PARTNER  
Name            LEWIS, MATTHEW  
Address        7930 W KENTON CIRCLE # 220  
City-State-Zip: HUNTERSVILLE NC 28078

Title            MEMBER  
Name            MCLAMP MANAGMENT, LLC  
Address        PO BOX 2400  
City-State-Zip: CORNELIUS NC 28031

*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: MATTHEW LEWIS**

**MANAGING PARTNER**

**04/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date