

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001645

**Entity Name:** FOUR WINDS HEALTH LLC

**Current Principal Place of Business:**

169 CYPRESS BREEZE BLVD N  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 724447  
ATLANTA, GA 31139 US

**FEI Number:** 45-1273930

**Certificate of Status Desired:** No

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

ANDERSON, KATHY  
169 CYPRESS BREEZE BLVD N  
SANTA ROSA BEACH, FL 32459 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:** KATHY ANDERSON

02/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CONTROLLER  
Name            ANDERSON, KATHY  
Address        3350 RIVERWOOD PARKWAY  
                  1850  
City-State-Zip: ATLANTA GA 30339

*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:** KATHY ANDERSON

CONTROLLER

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date