

2018 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

01/10/2018

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

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date