

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009537

Entity Name: PATHWAY HEALTHCARE - FACILITY RE, LLC

Current Principal Place of Business:

3838 OAK LAWN AVE
STE 1450
DALLAS, TX 75219

Current Mailing Address:

1000 URBAN CENTER DR
STE 600
BIRMINGHAM, AL 35242 US

FEI Number: 82-1936974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVE.
2ND FL
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: KRISTI SOLT

03/03/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OLSON, SCOTT
Address 3838 OAK LAWN AVE
STE 1450
City-State-Zip: DALLAS TX 75219

Title MGR
Name BEOCKMAN, DANIEL
Address 3838 OAK LAWN AVE
STE 1450
City-State-Zip: DALLAS TX 75219

Title MGR
Name GREENE, GREGORY
Address 3838 OAK LAWN AVE
STE 1450
City-State-Zip: DALLAS TX 75219

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: SCOTT OLSON

CEO

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date