

**2020 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:**

\_\_\_\_\_  
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

**MANAGER**

**09/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date