

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009615

**Entity Name:** VALINTRY HEALTH, LLC

**Current Principal Place of Business:**

1201 S ORLANDO AVE STE 440  
WINTER PARK, FL 32789

**Current Mailing Address:**

1201 S ORLANDO AVE STE 440  
WINTER PARK, FL 32789 US

**FEI Number: 81-2589288**

**Certificate of Status Desired: Yes**

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

LOWMAN, WILLIAM R JR, ESQ  
SHUFFIELD, LOWMAN & WILSON PA  
100 LEGION PLACE STE 1700  
ORLANDO, FL 32801 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 DIXON, DARYL  
Address 1201 S ORLANDO AVE STE 440  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name PARRIS, JOSEPH  
Address 1201 S ORLANDO AVE STE 440  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name RUPEIKIS, TIMMY  
Address 1201 S ORLANDO AVE STE 440  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name SATTERWHITE, JEFF  
Address 1201 S ORLANDO AVE STE 440  
City-State-Zip: WINTER PARK FL 32789

Title MRG  
Name FRASCARELLI, LUIGI  
Address 1201 S ORLANDO AVE STE 440  
City-State-Zip: WINTER PARK FL 32789

*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: DARYL DIXON**

**MANAGER**

**02/17/2021**

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

\_\_\_\_\_  
Date