

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000010830

Entity Name: CURAHEALTH JACKSONVILLE, LLC**Current Principal Place of Business:**1828 GOOD HOPE ROAD
SUITE 102
ENOLA, PA 17025**Current Mailing Address:**1828 GOOD HOPE ROAD
SUITE 102
ENOLA, PA 17025 US**FEI Number:** 82-3087954**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	MANAGER, AUTHORIZED MEMBER, PRESIDENT
Name	MISITANO, ANTHONY
Address	1828 GOOD HOPE ROAD SUITE 102
City-State-Zip:	ENOLA PA 17025

Title	AUTHORIZED MEMBER, VP
Name	STOBER, KARICK
Address	1828 GOOD HOPE ROAD SUITE 102
City-State-Zip:	ENOLA PA 17025

Title	VP
Name	MISITANO, BRITTANY
Address	1828 GOOD HOPE ROAD SUITE 102
City-State-Zip:	ENOLA PA 17025

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: ANTHONY MISITANO

PRESIDENT

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date