

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000010492

Entity Name: CHAUTAUQUA SPRINGS HEALTH CENTER LLC

Current Principal Place of Business:

300 PROVIDER COURT
RICHMOND, KY 40475

Current Mailing Address:

785 SOUTH 2ND ST
DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 88-3208098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., SUITE 4
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 AP
Name SCHLANGER, ALAN
Address 6085 STRICKLAND AVENUE
City-State-Zip: BROOKLYN NY 11234

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: ALAN SCHLANGER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date