

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2400000017

**Entity Name:** ATRIA HEALTH LLC

**Current Principal Place of Business:**

36 E. 57TH ST.  
5TH FLOOR  
NEW YORK, NY 10002

**Current Mailing Address:**

36 E. 57TH ST.  
5TH FLOOR  
NEW YORK, NY 10002 US

**FEI Number:** 85-1538209

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name           TISCH, ALAN  
Address        36 E. 57TH ST.  
                  5TH FLOOR  
City-State-Zip: NEW YORK NY 10002

*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 TISCH

**MANAGER**

**04/19/2024**

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

\_\_\_\_\_  
Date