

2025 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

03/22/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date