

2023 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B22000000334

Entity Name: INNOVACARE U.S., L.P.**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD, STE 300
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD, STE 300
ORLANDO, FL 32827 US**FEI Number:** 84-2388128**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**General Partner Detail :**

Document

Name SHINTO, MD, RICHARD
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Document

Name MALTON, DOUGLAS
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Document

Name GORDON, CHRIS
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Document

Name HUTCHINS, DAVID
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

Document

Name CHILAZI, JP
Address 6900 TAVISTOCK LAKES BLVD, STE 300
City-State-Zip: LAKE NONA FL 32827

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS MALTON**GENERAL PARTNER****04/20/2023**_____
Electronic Signature of Signing General Partner Detail_____
Date