2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000014608

Entity Name: TUCKER OAKS MEDICAL REAL ESTATE, LLC

Current Principal Place of Business:

1925 DON WICKHAM DR CLERMONT, FL 34711

Current Mailing Address:

1925 DON WICKHAM DR CLERMONT, FL 34711 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BROOME, ZACHARY 600 JENNINGS AVE EUSTIS, FL 32726 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
|-----------------|------------------------|-----------------|---------------------------|
| THE | MOR | nue | MOR |
| Name | VARMA, AMIT | Name | SARANITA, ANTHONY |
| Address | 1925 DON WICKHAM DR | Address | 1925 DON WICKHAM DR |
| City-State-Zip: | CLERMONT FL 34711 | City-State-Zip: | CLERMONT FL 34711 |
| | | | |
| | | | |
| Title | MGR | Title | MANAGER |
| Title Name | MGR ATHANS, WILLIAM | Title Name | MANAGER WELSH, MATTHEW |
| | | | |
| Name | ATHANS, WILLIAM | Name Address | WELSH, MATTHEW |

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 SARANITA

MANAGER

03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 10, 2024 Secretary of State 1853328236CC

Date