I hereby certify that the information indicated on this report or supplemental report is true and accurat	e and that my electronic signature shall have the sar	ne 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 [,] KATHI EEN GREEN	MEMBER	04/18/2024			

MEMBER

SIGNATURE: KATHLEEN GREEN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: GREEN ROSE HEALTH ASSOCIATES, LLC **Current Principal Place of Business:**

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

1164 BARING RD WESLEY CHAPEL, FL 33543

DOCUMENT# L23000534518

Current Mailing Address:

1651 PALM AVENUE WINTER PARK, FL 32789 US

FEI Number: 93-4787370

Name and Address of Current Registered Agent:

GREEN, KATHLEEN 1651 PALM AVENUE WINTER PARK, FL 32789 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

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	MANAGER
Name	GREEN, KATHLEEN R	Name	GREEN, CHRISTIAN H
Address	1651 PALM AVENUE	Address	1651 PALM AVENUE
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

FILED Apr 18, 2024 Secretary of State 8053026850CC

Certificate of Status Desired: No

Date

Date