

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000405

**Entity Name:** WELLVANA HEALTH, LLC

**Current Principal Place of Business:**

20 BURTON HILLS BLVD.  
SUITE 100  
NASHVILLE, TN 37215

**Current Mailing Address:**

20 BURTON HILLS BLVD.  
SUITE 100  
NASHVILLE, TN 37215 US

**FEI Number:** 82-4063138

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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 CFO  
Name HOLLAND, ADAM  
Address 20 BURTON HILLS BLVD.  
SUITE 100  
City-State-Zip: NASHVILLE TN 37215

*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:** ADAM HOLLAND

**CHIEF FINANCIAL  
OFFICER**

**01/31/2024**

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

\_\_\_\_\_ Date