

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000014843

**Entity Name:** LIFESTYLES 1 HEALTHCARE, LLC

**Current Principal Place of Business:**

11300 110TH AVE NORTH  
SEMINOLE, FL 33778

**Current Mailing Address:**

20001 GULF BLVD.  
10  
INDIAN SHORES, FL 22785

**FEI Number:** 26-0030243

**Certificate of Status Desired:** No

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

O'CONNOR, PATRICK MESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIRE RD. 115  
CLEARWATER, FL 33764 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 MGR  
Name RUSSELL, TERRY PRES  
Address 11300 110TH AVE NORTH  
City-State-Zip: SEMINOLE FL 33778

Title AUTHORIZED MEMBER  
Name RUSSELL, NICKY  
Address 11300 110TH AVE NORTH  
City-State-Zip: SEMINOLE FL 33778

Title AUTHORIZED MEMBER  
Name MCQUILKIN, MICHAEL  
Address 11300 110TH AVE NORTH  
City-State-Zip: SEMINOLE FL 33778

*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:** TERRY RUSSELL

MGR

05/01/2018

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

\_\_\_\_\_ Date