

2019 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

FILED
Feb 07, 2019
Secretary of State
7547063509CC

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

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date