

2022 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:

200 CLEARWATER LARGO ROAD SOUTH
LARGO, FL 33770 US

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

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date