

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009849

Entity Name: ALTERCARE OF PALM BEACH COUNTY, LLC

Current Principal Place of Business:

1645 PALM BEACH LAKES BLVD
SUITE 700
WEST PALM BEACH, FL 33401

Current Mailing Address:

1645 PALM BEACH LAKES BLVD
SUITE 1100
WEST PALM BEACH, FL 33401 US

FEI Number: 11-3836040

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HYNES, JAMIE
TRILOGY HOME HEALTHCARE
1645 PALM BEACH LAKES BLVD SUITE 1100
WEST PALM BEACH, FL 33401 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: JAMIE HYNES

04/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP
Name HADLEY, BARBARA
Address 1022 BRIGHTON WAY
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name HYNES, JAMIE
Address 1645 PALM BEACH LAKES BLVD
SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title CHAIRMAN
Name CLIFT, DALE R
Address 1645 PALM BEACH LAKES BLVD
SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER
Name VITALITY HOME CARE, INC.
Address 1645 PALM BEACH LAKES BLVD
SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name WIER, KIMBERLY
Address 1645 PALM BEACH LAKES BLVD
SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

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: JAMIE HYNES

PRESIDENT

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date