

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000009849

**FILED**  
**Feb 22, 2019**  
**Secretary of State**  
**2319471069CC**

**Entity Name:** ALTERCARE OF PALM BEACH COUNTY, LLC

**Current Principal Place of Business:**

549 NW LAKE WHITNEY PLACE  
SUITE 204  
PORT ST. LUCIE, FL 34986

**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**

**02/22/2019**

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**

**02/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date