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: NICHOLAS GACHASSIN, III	EXECUTIVE VICE	05/01/2020

PRESIDENT

SIGNATURE: NICHOLAS GACHASSIN, III

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: RYAN TAYLOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

- Title MANAGER Name LHC GROUP. INC. Address 901 HUGH WALLIS ROAD SOUTH

- City-State-Zip: LAFAYETTE LA 70508

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.

Certificate of Status Desired: No

05/01/2020

Date

Date

FILED May 01, 2020 Secretary of State 2095009109CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043051

Entity Name: HOME HEALTH AGENCY - CENTRAL PENNSYLVANIA, LLC

Current Principal Place of Business:

901 HUGH WALLIS ROAD SOUTH LAFAYETTE. LA 70508

Current Mailing Address:

FEI Number: 20-1497787

TALLAHASSEE, FL 32301 US

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST.

SUITE 4

901 HUGH WALLIS ROAD SOUTH LAFAYETTE. LA 70508 US