

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102518

**Entity Name:** DCHD HEALTH CARE PROFESSIONALS, LLC

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC4680292259**

**Current Principal Place of Business:**

DESOTO MEMORIAL HOSPITAL, ATTN: CEO  
900 NORTH ROBERT AVENUE  
ARCADIA, FL 34266-2180

**Current Mailing Address:**

DESOTO MEMORIAL HOSPITAL, ATTN: CEO  
900 NORTH ROBERT AVENUE  
ARCADIA, FL 34266-2180

**FEI Number: 27-1203252**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALDRON, EUGENE EJR ESQ  
124 NORTH BREVARD AVENUE  
ARCADIA, FL 34266 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 AMBLER, LEWIS JR  
Address 243 NORTH BREVARD AVENUE  
City-State-Zip: ARCADIA FL 34266

Title MGR  
Name POLSTON, ROSE  
Address 1524 SE TANGELO DRIVE  
City-State-Zip: ARCADIA FL 34266

Title MGR  
Name WATERS, JERRY  
Address 5586 SE CR 760  
City-State-Zip: ARCADIA FL 34266

Title MGR  
Name PRESILLA, DANIEL  
Address 12655 SW SUZY AVE  
City-State-Zip: LAKE SUZY FL 34269

Title MGR  
Name WATSON, JANIE  
Address 803 W IMOGENE STREET  
City-State-Zip: ARCADIA FL 34266

Title CEO  
Name SICA, VINCENT A  
Address 900 N ROBERT AVE.  
City-State-Zip: ARCADIA FL 34266

*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: VINCENT A. SICA**

**CEO**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date