

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102518

Entity Name: DCHD HEALTH CARE PROFESSIONALS, LLC

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 DIRECTOR
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

Title CHAIRMAN
Name HEINE, ROBERT JR.
Address 1201 N. ARCADIA AVE.
City-State-Zip: ARCADIA FL 34266

Title VC
Name HANCOCK, KENNETH
Address 4068 NE DIANE TERR
City-State-Zip: ARCADIA FL 34266

Title SECRETARY, TREASURER
Name VOWELS, PAMELA
Address 1806 SE KING ST.
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name HEWETT, ERNEST III
Address 3587 NW POULTRY ST.
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

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date