

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000102518

Entity Name: DCHD HEALTH CARE PROFESSIONALS, LLC

FILED
Jan 26, 2015
Secretary of State
CC6602939383

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

01/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date