2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078368

Entity Name: BREVARD HMA HOSPICE, LLC

Current Principal Place of Business: 9510 ORMSBY STATION ROAD

SUITE 300

LOUISVILLE, KY 40223

Current Mailing Address:

4000 MERIDIAN BLVD FRANKLIN, TN 37067 US

FEI Number: 27-3142339 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4

TALLAHASSEE, FL 32301 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 MANAGER, PRESIDENT, PRINCIPAL Title MANAGER, SR VP, SECRETARY

FINANCIAL OFFICER Name LYLES, PATRICK TODD

Name GUENTHNER, C. STEVEN
Address 9510 ORMSBY STATION ROAD

Address 9510 ORMSBY STATION ROAD SUITE 300

SUITE 300 City-State-Zip: LOUISVILLE KY 40223

City-State-Zip: LOUISVILLE KY 40223

Title VP

Name HOGSTON, SANDRA PEDIGO, CATHY

Address 9510 ORMSBY STATION ROAD 9510 ORMSBY STATION ROAD SUITE 300

9510 ORMSBY STATION ROAD SUITE 300

City-State-Zip: LOUISVILLE KY 40223

Title VP

Name SCHWARTZ, DANIEL
Name REIBEL, JEFF

Address 9510 ORMSBY STATION ROAD 9510 ORMSBY STATION ROAD SUITE 300

9510 ORMSBY STATION ROAD SUITE 300 SUITE 300

City-State-Zip: LOUISVILLE KY 40223

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: JEFF REIBEL VICE PRESIDENT 04/25/2018

FILED Apr 25, 2018

Secretary of State

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