

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000078368

Entity Name: BREVARD HMA HOSPICE, LLC

Current Principal Place of Business:

901 HUGH WALLIS ROAD SOUTH
LAFAYETTE, LA 70508

Current Mailing Address:

901 HUGH WALLIS RD. SOUTH
LAFAYETTE, LA 70508 US

FEI Number: 27-3142339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name NATIONAL HEALTH INDUSTRIES, INC.
Address 901 HUGH WALLIS ROAD SOUTH
City-State-Zip: LAFAYETTE LA 70508

Title MANAGER
Name PROFFITT, JOSHUA L.
Address 901 HUGH WALLIS ROAD SOUTH
City-State-Zip: SOUTH LAFAYETTE LA 70508

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: JOSHUA L. PROFFITT

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date