

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105708

**Entity Name:** SIMONE HEALTH CARE, LLC

**Current Principal Place of Business:**

35111 US HWY 19 NORTH  
SUITE 302  
PALM HARBOR, FL 34684

**Current Mailing Address:**

8010 25TH COURT EAST  
UNIT 103  
SARASOTA, FL 34243 US

**FEI Number:** 90-0621446

**Certificate of Status Desired:** Yes

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
#250  
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:** KURT LANG

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            BELL, CASSANDRA  
Address        8010 25TH COURT EAST  
                  UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title            VP  
Name            CROTHERS, WILLIAM  
Address        PO BOX 181569  
City-State-Zip: DALLAS TX 75218

Title            BOARD MEMBER  
Name            BEACH, TIMOTHY  
Address        8010 25TH COURT EAST  
                  UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title            BOARD MEMBER  
Name            CHRISTENSEN, STUART  
Address        8010 25TH COURT EAST  
                  UNIT 103  
City-State-Zip: SARASOTA FL 34243

Title            BOARD MEMBER  
Name            SHULTZ, RICHARD RYAN  
Address        PO BOX 181569  
City-State-Zip: DALLAS TX 75218

Title            CFO  
Name            LANG, KURT  
Address        8010 25TH COURT EAST  
                  UNIT 103  
City-State-Zip: SARASOTA FL 34243

*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:** KURT LANG

CFO

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date