

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105708

Entity Name: SIMONE HEALTH CARE, LLC

Current Principal Place of Business:

35111 US WAY 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:

LANG, KURT CFO
8010 25TH COURT EAST
UNIT 103
SARASOTA, FL 34243 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

01/07/2019

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, SECRETARY, TREASURER,
 DIRECTOR
Name BAKER, JEFF
Address 8010 25TH COURT EAST
 UNIT 103
City-State-Zip: SARASOTA FL 34243

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

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

Title DIRECTOR
Name SHULTZ, RYAN
Address 8010 25TH COURT EAST
 UNIT 103
City-State-Zip: SARASOTA FL 34243

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

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date