

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033128

**Entity Name:** SENTINEL HEALTH MANAGEMENT RESOURCES, LLC

**Current Principal Place of Business:**

15730 CEDAR GROVE LANE  
WELLINGTON, FL 33414

**Current Mailing Address:**

15730 CEDAR GROVE LANE  
WELLINGTON, FL 33414 US

**FEI Number:** 45-0941720

**Certificate of Status Desired:** No

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

WALSH, RICHARD T  
15730 CEDAR GROVE LANE  
WELLINGTON, FL 33414 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                    | Title           | MGR                    |
| Name            | WALSH, RICHARD T       | Name            | WALSH, RICHARD T       |
| Address         | 15730 CEDAR GROVE LANE | Address         | 15730 CEDAR GROVE LANE |
| City-State-Zip: | WELLINGTON FL 33414    | City-State-Zip: | WELLINGTON FL 33414    |

*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:** RICHARD WALSH

**PRINCIPAL**

**04/20/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date