

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074613

Entity Name: RELIANT HOME HEALTH CARE LLC

Current Principal Place of Business:

2505 SEVEN SPRINGS BLVD
TRINITY, FL 34655

Current Mailing Address:

2505 SEVEN SPRINGS BLVD
TRINITY, FL 34655 US

FEI Number: 45-2619083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONALDSON, SHANE
2505 SEVEN SPRINGS BLVD
TRINITY, FL 34655 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: SHANE DONALDSON

04/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GOMEZ, DANIEL L
Address 4500 140 AVE N
SUITE 119
City-State-Zip: CLEARWATER FL 33762

Title AMBR
Name MOSER, ALINA
Address 4500 140TH AVENUE NORTH, SUITE
119
City-State-Zip: CLEARWATER FL 33762

Title MANAGER
Name DONALDSON, SHANE
Address 2505 SEVEN SPRINGS BLVD
City-State-Zip: TRINITY FL 34655

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: SHANE DONALDSON

MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date