

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085511

**Entity Name:** QUALITY LIVING HOME HEALTH CARE LLC

**Current Principal Place of Business:**

25400 US HIGHWAY 19 NORTH  
SUITE 164  
CLEARWATER, FL 33763

**Current Mailing Address:**

1645 PALM BEACH LAKES BLVD  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 45-2823888

**Certificate of Status Desired:** No

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

VITALITY HOME CARE, INC  
1645 PALM BEACH LAKES BLVD  
SUITE 1100  
WEST PALM BEACH, FL 33401 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:** JAMIE HYNES

04/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            HYNES, JAMIE  
Address        1645 PALM BEACH LAKES BLVD  
                  SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SENIOR VP  
Name            WIER, KIMBERLY A  
Address        1645 PALM BEACH LAKES BLVD  
                  SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

Title            SENIOR VP  
Name            HADLEY, BARBARA  
Address        1645 PALM BEACH LAKES BLVD  
                  SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** JAMIE HYNES

PRESIDENT

04/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date