

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000153094

Entity Name: HOSPICE ADVANTAGE, LLC

Current Principal Place of Business:

10 CADILLAC DRIVE, STE. 400
BRENTWOOD, TN 37027

Current Mailing Address:

10 CADILLAC DRIVE, STE. 400
BRENTWOOD, TN 37027 US

FEI Number: 20-1591624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name JAMES, TONY
Address 10 CADILLAC DRIVE
 STE. 400
City-State-Zip: BRENTWOOD TN 37027

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: TONY JAMES

MANAGER

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date