

2021 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 MANAGING MEMBER
Name HOSPICE ADVANTAGE MIDCO, LLC
Address 10 CADILLAC DRIVE
STE. 400
City-State-Zip: BRENTWOOD TN 37027

Title COO
Name TRACY, CORINA
Address 10 CADILLAC DRIVE
STE. 400
City-State-Zip: BRENTWOOD TN 37027

Title PRESIDENT
Name SHAH, BHAVESH
Address 10 CADILLAC DRIVE
STE. 400
City-State-Zip: BRENTWOOD TN 37027

Title MEMBER
Name HOSPICE ADVANTAGE HOLDINGS,
LLC
Address 10 CADILLAC DRIVE
STE. 400
City-State-Zip: BRENTWOOD TN 37027

Title GENERAL COUNSEL, SENIOR VICE
PRESIDENT AND SECRETARY
Name ADKINS, RUSSELL G.
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: RUSSELL G. ADKINS**SECRETARY****04/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date