

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000035621

Entity Name: HEALTH CARE TRANSITIONS COMPANY, LLC

Current Principal Place of Business:

1117 EAST HALLANDALE BEACH BLVD.
HALLANDALE , FL 33009

Current Mailing Address:

1117 EAST HALLANDALE BEACH BLVD.
HALLANDALE , FL 33009 US

FEI Number: 46-2355611

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADLER, JASON
1117 EAST HALLANDALE BEACH BLVD.
HALLANDALE , FL 33009 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 MGRM
Name ADLER, JASON
Address 1117 EAST HALLANDALE BEACH
BLVD.
City-State-Zip: HALLANDALE FL 33009

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: JASON ADLER

MANAGER

04/07/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date