

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097222

**Entity Name:** TRIDENT HOME HEALTH, LLC

**Current Principal Place of Business:**

1645 PALM BEACH LAKES BLVD  
SUITE 700  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

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

**FEI Number:** 35-2486995

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MGR  
Name TRIDENT HEALTHCARE HOLDINGS, LLC  
Address 1645 PALM BEACH LAKES BLVD SUITE 1100  
City-State-Zip: WEST PALM BEACH FL 33401

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

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

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

Title 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

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date