

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000097222

Entity Name: TRIDENT HOME HEALTH, LLC

Current Principal Place of Business:

2505 METROCENTRE BLVD
SUITE 203
WEST PALM BEACH, FL 33407

Current Mailing Address:

2505 METROCENTRE BLVD
SUITE 203
WEST PALM BEACH, FL 33407 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 2505 METROCENTRE BLVD SUITE 203
City-State-Zip: WEST PALM BEACH FL 33407

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: JAMES HAPP _____

MANAGING MEMBER

01/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date