

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000113303

Entity Name: ATTENTIVE HEALTH SERVICE ASSOCIATES, LLC

Current Principal Place of Business:

4204 COUNTRYSIDE DRIVE
ELLENTON, FL 34222

Current Mailing Address:

P.O. BOX 874
ELLENTON, FL 34222 US

FEI Number: 46-3421210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, THOMAS J SR
4204 COUNTRYSIDE DRIVE
ELLENTON, FL 34222 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 AUTHORIZED MEMBER
Name CHRISTIAN-SIMMONS, CATHY A
Address 4204 COUNTRYSIDE DRIVE
City-State-Zip: ELLENTON FL 34222

Title AUTHORIZED MEMBER
Name CHRISTIAN, TRACY A
Address 3907 3RD AVE. DRIVE WEST
City-State-Zip: PALMETTO FL 34221

Title AUTHORIZED MEMBER
Name CROSS, MARY E
Address 2710 4TH AVE.SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title AUTHORIZED MEMBER
Name RIVERA, GLADYS A
Address 41122 WEST HOPPER DRIVE
City-State-Zip: MARICOPA AZ 85138

Title AUTHORIZED MEMBER
Name GONZALEZ, JUAN
Address 2815 51ST AVE. TERRACE W.
City-State-Zip: BRAEDNTON FL 34207

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: CATHY A. CHRISTIAN-SIMMONS

CMO

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date