2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2019
Secretary of State
5628432425CC

DOCUMENT# L13000113664

Entity Name: MEDSTAR 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: 46-3433197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HYNES, JAMIE
1645 PALM BEACH LAKES BLVD
SUITE 1100
WEST PALM BEACH, FL 33401 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: JAMIE HYNES 02/22/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT	Title	VP
Name	HYNES, JAMIE	Name	HADLEY, BARBARA
Address	1645 PALM BEACH LAKES BLVD SUITE 1100	Address	1645 PALM BEACH LAKES BLVD SUITE 1100
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	VP	Title	CHAIRMAN
Name	WIER, KIMBERLY	Name	CLIFT, DALE
Address	1645 PALM BEACH LAKES BLVD SUITE 1100	Address	1645 PALM BEACH LAKES BLVD SUITE 1100
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
Title	MANAGER		
Name	TRIDENT HOME HEALTH SERVICES, LLC		
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 02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date