

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151346

Entity Name: SOUTHEAST HOMECARE LLC

Current Principal Place of Business:

7719 N.W. 48TH STREET
SUITES 230, 330 & 340
DORAL, FL 33166

Current Mailing Address:

7719 N.W. 48TH STREET SUITES 230, 330 & 340
DORAL, FL 33166 US

FEI Number: 26-4771656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALE, DONNA M
3700 COMMERCE PARKWAY
MIRAMAR, FL 33025-3912 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 VP, DIRECTOR
Name JOBLOVE, KAREN
Address 3700 COMMERCE PARKWAY
City-State-Zip: MIRAMAR FL 33025

Title COO, DIRECTOR
Name MENDEZ, LINDA
Address 3700 COMMERCE PARKWAY
City-State-Zip: MIRAMAR FL 33025

Title CEO, DIRECTOR
Name BRADBURY, CHRISTOPHER J.
Address 3700 COMMERCE PARKWAY
City-State-Zip: MIRAMAR FL 33025

Title CFO, DIRECTOR
Name KLINK, DONALD K
Address 3700 COMMERCE PARKWAY
City-State-Zip: MIRAMAR FL 33025

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: LINDA MENDEZ

COO, DIRECTOR

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date