

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000151346

**Entity Name:** SOUTHEAST HOMECARE LLC

**Current Principal Place of Business:**

7719 NW 48TH STREET  
SUITES 230, 330 & 340  
DORAL, FL 33166

**Current Mailing Address:**

3700 COMMERCE PARKWAY  
MIRAMAR, FL 33025 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 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            CEO  
Name            PEREDA, JORGE A  
Address        3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title            CFO  
Name            PINO, PAUL  
Address        3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            JOBLove, KAREN  
Address        3700 COMMERCE PARKWAY  
City-State-Zip: MIRAMAR FL 33025

Title            COO  
Name            MENDEZ, LINDA  
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

02/08/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date