

**2023 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 33025-3912 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	Title	COO, DIRECTOR
Name	JOBLOVE, KAREN	Name	MENDEZ, LINDA
Address	3700 COMMERCE PARKWAY	Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	CEO, DIRECTOR	Title	CFO, DIRECTOR
Name	BRADBURY, CHRISTOPHER J.	Name	HAFT, STEVEN P.
Address	3700 COMMERCE PARKWAY	Address	3700 COMMERCE PARKWAY
City-State-Zip:	MIRAMAR FL 33025	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

02/07/2023

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

\_\_\_\_\_  
Date