

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000104879

Entity Name: ENCOMPASS HOME HEALTH OF THE SOUTHEAST, LLC

Current Principal Place of Business:

6688 N CENTRAL EXPWY STE 1300
DALLAS, TX 75206

Current Mailing Address:

6688 N CENTRAL EXPWY STE 1300
DALLAS, TX 75206

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES INC
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	Title	AUTHORIZED MEMBER
Name	ANTHONY, APRIL	Name	THOMPSON, G ROBERT
Address	6688 N CENTRAL EXPWY STE 1300	Address	6688 N CENTRAL EXPWY STE 1300
City-State-Zip:	DALLAS TX 75206	City-State-Zip:	DALLAS TX 75206

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: APRIL ANTHONY

MEMBER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date