2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2019
Secretary of State
6241862935CC

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Entity Name: TRANSITIONAL MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903

Current Mailing Address:

12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903 US

FEI Number: 47-2820079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAULIEU, JEANNE R
12957 TURTLE COVE TRAIL
NORTH FORT MYERS , FL 33903 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	MGMR
Name	BEAULIEU, JEANNE R
Address	3537 MALAGROTTA CIR
City-State-Zip:	CAPE CORAL FL 33909

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: JEANNE BEAULIEU OWNER 05/01/2019

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