# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L15000044088

Entity Name: PATIENT CARE SERVICES, LLC

#### **Current Principal Place of Business:**

2161 SW 113TH AVE. DAVIE, FL 33325

### **Current Mailing Address:**

2161 SW 113TH AVE. DAVIE, FL 33325

# FEI Number: 47-3379750

#### Name and Address of Current Registered Agent:

RIEGL-SMITH, MELVERNE 2161 SW 113TH AVE. DAVIE, FL 33325 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

### Authorized Person(s) Detail :

TitleMGRNameRIEGL-SMITH, MELVERNEAddress2161 SW 113TH AVE.City-State-Zip:DAVIE FL 33325

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: MELVERNE RIEGL-SMITH

MANAGER

02/06/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

# FILED Feb 06, 2016 Secretary of State CC8871349263