

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000051958

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC6720388560**

**Entity Name:** ST. FRANCIS PATHWAYS TO HEALTHCARE, LLC

**Current Principal Place of Business:**

1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780 US

**FEI Number:** 47-3461176

**Certificate of Status Desired:** No

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

TUTTLE, LISA L  
1250-B GRUMMAN PLACE  
TITUSVILLE, FL 32780 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:** LISA L. TUTTLE

04/20/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name TUTTLE, LISA  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title CEO  
Name KILLIAN, JOSEPH  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title CHAIRMAN  
Name HURT, TONY  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title VC  
Name SEVERS, DWIGHT  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title SECRETARY  
Name RODRIGUEZ, KIM  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title OTHER  
Name MCALPINE, CHRIS  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title AUTHORIZED MEMBER  
Name ABRUZZO-PRICE, THERESA  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

Title AUTHORIZED MEMBER  
Name ALLENDER, JERRY  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780

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*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:** LISA L TUTTLE

**CORPORATE  
COMPLIANCE OFFICER**

04/20/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name HADDAD, SAM  
Address 1250-B GRUMMAN PLACE  
City-State-Zip: TITUSVILLE FL 32780