

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000062097

Entity Name: SEASONS HOSPICE & PALLIATIVE CARE OF PINELLAS
COUNTY, LLC

Current Principal Place of Business:

5200 NE 2ND AVE, 3RD FL, STEIN BLDG
MIAMI, FL 33137

Current Mailing Address:

5200 NE 2ND AVE, 3RD FL, STEIN BLDG
MIAMI, FL 33137

FEI Number: 47-3708162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name STERN, TODD
Address 6400 SHAFER CT, STE. 700
City-State-Zip: ROSEMONT IL 60018

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: TODD A. STERN

MANAGER

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date