

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000181494

Entity Name: OLSON HEALTHCARE, LLC

Current Principal Place of Business:

324 N DALE MABRY HWY
SUITE 302
TAMPA, FL 33609

Current Mailing Address:

324 N DALE MABRY HWY
SUITE 302
TAMPA, FL 33609 US

FEI Number: 47-5426038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EPGD ATTORNEYS AT LAW, P.A.
324 N DALE MABRY HWY
SUITE 302
TAMPA, FL 33609 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: ERIC GROS-DUBOIS

01/30/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------------------|-----------------|---------------------------------|
| Title | MGR | Title | MGR |
| Name | OLSON, ANTHONY P | Name | OLSON, BRUCE JOSEPH |
| Address | 324 N DALE MABRY HWY SUITE 302 | Address | 324 DALE MABRY HWY SUITE 302 |
| City-State-Zip: | TAMPA FL 33609 | City-State-Zip: | TAMPA FL 33609 |

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: ANTHONY P OLSON

MANAGER

01/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date