

**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