

2018 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.
2701 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 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	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: BRUCE OLSON

MANAGER

02/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date