

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200618

**Entity Name:** ELDERCARE SERVICES OF DOTHAN, LLC

**Current Principal Place of Business:**

6265 OLD WATER OAK RD.  
SUITE 205  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

PO BOX 13085  
TALLAHASSEE, FL 32317-3085 US

**FEI Number:** 30-1769844

**Certificate of Status Desired:** Yes

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

CROSS, LOUIS III  
6265 OLD WATER OAK RD.  
SUITE 205  
TALLAHASSEE, FL 32312 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:** CROSS, LOUIS III

04/26/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BROOKINS, M. SCOTT  
Address PO BOX 13085  
City-State-Zip: TALLAHASSEE FL 32317-3085

*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:** BROOKINS , M. SCOTT

AMBR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date