

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000153490

Entity Name: ACCOUNTABLE CARE POST ACUTE CARE SERVICES LLC

Current Principal Place of Business:

3461 FAIRLANE FARMS ROAD
SUITE A
WELLINGTON, FL 33449

Current Mailing Address:

3461 FAIRLANE FARMS ROAD
SUITE A
WELLINGTON, FL 33414

FEI Number: 36-4850728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALENIEL INC
3461 FAIRLANE FARMS ROAD
A
WELLINGTON, FL 33414 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 AMBR
Name ALENIEL INC
Address 3461 FAIRLANE FARMS ROAD
City-State-Zip: WELLINGTON FL 33414

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: J DANIEL GHIRAGOSSIAN

MEMBER

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date