

**2018 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:** JORGE GHIRAGOSSIAN

AMBR

01/30/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date