

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000120266

Entity Name: CANOPY OAKS INSTITUTE, LLC**Current Principal Place of Business:**1669 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308**Current Mailing Address:**1669 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 US**FEI Number:** 82-1735567**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EURICH, MICHAEL A
1669 MAHAN CENTER BOULEVARD
TALLAHASSEE, FL 32308 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
Name BIG BEND HOSPICE, INC.
Address 1723 MAHAN CENTER BOULEVARD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name WERTMAN, WILLIAM E
Address 1723 MAHAN CENTER BOULEVARD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name DILMORE, MISTY
Address 1723 MAHAN CENTER BOULEVARD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name ADKISON, CATHY
Address 1723 MAHAN CENTER BOULEVARD
City-State-Zip: TALLAHASSEE FL 32308

Title AR
Name EURICH, MICHAEL A
Address 1669 MAHAN CENTER BOULEVARD
City-State-Zip: TALLAHASSEE FL 32308

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: MICHAEL A EURICH**DIRECTOR OF
STRATEGIC INITIATIVES**

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date