

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000146568

**Entity Name:** HEART OF GOLD HEALTH CARE LLC

**Current Principal Place of Business:**

1900 POST RD  
211  
MELBOURNE, FL 32935

**Current Mailing Address:**

1900 POST RD  
211  
MELBOURNE, FL 32935

**FEI Number:** 82-2099432

**Certificate of Status Desired:** Yes

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

SUMMERS, NATASHA L  
1900 POST RD  
211  
MELBOURNE, FL 32935 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:** NATASHA SUMMERS

01/08/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SUMMERS, NATASHA L  
Address 1900 POST RD 211  
City-State-Zip: MELBOURNE FL 32935

*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:** NATASHA SUMMERS

OWNER

01/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date