2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2019
Secretary of State
2071866008CC

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Entity Name: ONE LOVE HEALTHCARE SERVICES LLC

Current Principal Place of Business:

1873 SE ELROSE ST
PORT ST LUCIE, FL 34952

Current Mailing Address:

1925 SW GUERNSEY ST.
PORT ST LUCIE, FL 34987

FEI Number: 82-3299470

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEARON, SHERENE N
1925 SW GUERNSEY ST.
PORT ST LUCIE, FL 34987 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: SHERENE N FEARON 04/05/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT, CEO
Name	FEARON, SHERENE N
Address	1925 SW GUERNSEY ST.
City-State-Zip:	PORT ST LUCIE FL 34987

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: SHERENE N FEARON RN 04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date