

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000056348

Entity Name: BUENA VISTA CARE LLC

Current Principal Place of Business:

C/O ADVANTAGE HEALTH, INC.
1014 GRANADA BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

C/O ADVANTAGE HEALTH, INC.
1014 GRANADA BLVD
CORAL GABLES, FL 33134 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, EVERETT
1111 BRICKELL AVENUE
SUITE 2800
MIAMI, FL 33131 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 AUTHORIZED REPRESENTATIVE
Name ADVANTAGE HEALTH, INC.
Address C/O ADVANTAGE HEALTH, INC.
1014 GRANADA BLVD
City-State-Zip: CORAL GABLES FL 33134

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: EVERETT WILSON

AUTH REP

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date