

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000195688

Entity Name: SEASONS HOSPICE & PALLIATIVE CARE OF THE TREASURE COAST, LLC

Current Principal Place of Business:

5200 NE 2ND AVE, 3RD FL, STEIN BLDG
MIAMI, FL 33137-2706

Current Mailing Address:

5200 NE 2ND AVE, 3RD FL, STEIN BLDG
MIAMI, FL 33137-2706 US

FEI Number: 83-1661772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SEASONS HOSPICE & PALLIATIVE
CARE OF THE TREASURE COAST
HOLDING, INC.
Address 5200 NE 2ND AVE, 3RD FL, STEIN
BLDG
City-State-Zip: MIAMI FL 33137-2706

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: TODD A. STERN

PRESIDENT

02/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date