

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000069416

**Entity Name:** SFL CARE OF FL III, LLC

**Current Principal Place of Business:**

2 S. BISCAYNE BLVD SUITE 3760  
MIAMI, FL 33131

**Current Mailing Address:**

2 S. BISCAYNE BLVD SUITE 3760  
MIAMI, FL 33131 US

**FEI Number:** 83-4143646

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name            CARE OF FL MSO, LLC  
Address         1301 RIVERPLACE BLVD, SUITE 800  
City-State-Zip: NASHVILLE TN 37205

Title           MANAGER  
Name            EPISODE SOLUTIONS, LLC  
Address         102 WOODMONT BLVD  
                  SUITE 350  
City-State-Zip: NASHVILLE TN 37205

Title            AUTHORIZED REPRESENTATIVE  
Name            EADIE, HUTTON  
Address         102 WOODMONT BLVD  
                  SUITE 350  
City-State-Zip: NASHVILLE TN 37205

*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:** HUTTON EADIE

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date