

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000197101

**Entity Name:** RIGHTCARE SOLUTIONS LLC

**Current Principal Place of Business:**

801 S. OLIVE AVE., SUITE 113  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

801 S. OLIVE AVE., SUITE 113  
WEST PALM BEACH, FL 33401 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HANLON, JOSEPH  
801 S. OLIVE AVE., SUITE 113  
WEST PALM BEACH, FL 33401 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:** JOSEPH HANLON

12/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COFFIE, PATRICIA  
Address 801 S. OLIVE AVE., SUITE 113  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** PATRICIA COFFIE

MANAGING MEMBER

12/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date