

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000289224

**Entity Name:** A PATIENT'S CHOICE HOME HEALTH, LLC

**Current Principal Place of Business:**

1950 SE PORT ST. LUCIE BOULEVARD  
SUITE 212  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1950 SE PORT ST. LUCIE BOULEVARD  
SUITE 212  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 84-3965500

**Certificate of Status Desired:** No

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

HOUGH, GEORGE B  
901 SW MARTIN DOWNS BOULEVARD  
SUITE 316  
PALM CITY, FL 34990 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 MGR  
Name STAMP, MARGARET  
Address 1981 SE TICKRIDGE ROAD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title MANAGER  
Name HOUGH, GEORGE B.  
Address 901 SW MARTIN DOWNS BOULEVARD  
SUITE 316  
City-State-Zip: PALM CITY FL 34990

*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:** GEORGE B. HOUGH

**MGR**

**03/23/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date