SIGNATURE: MICHELLE A JAMES - BRADLEY

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BRADLEY, MICHELLE	Name	BRADLEY, JONATHAN
Address	3420 S DALE MABRY HWY, STE S	Address	3420 S DALE MABRY HWY, STE S
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629
Title	MGR	Title	MGR
Title Name	MGR LOPER, VANESSA	Title Name	MGR MCCASKILL, JAMES

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

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.

STE S TAMPA, FL 33629 UN

Current Mailing Address:

TAMPA, FL 33614

DOCUMENT# L20000071304

6914 NORTH THATCHER AVENUE

3420 S DALE MABRY HWY

Entity Name: HOME CARE OF TAMPA, LLC

Current Principal Place of Business:

FEI Number: 85-0733387

Name and Address of Current Registered Agent:

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

BRADLEY, MICHELLE 3420 S DALE MABRY HWY STE S TAMPA, FL 33629 US

Certificate of Status Desired: No

04/16/2022

Date

MANAGER