

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000238594

Entity Name: CHC OF GAINESVILLE, LLC**Current Principal Place of Business:**4140 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606**Current Mailing Address:**4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256 US**FEI Number:** 85-3773577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, ROBERT G
4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256 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 MBR
Name CONCIERGE HOME CARE OF
GAINESVILLE HOLDINGS, LLC
Address 4655 SALISBURY RD., SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title P
Name FISHER, JEFFREY L
Address 4140 NW 37TH PLACE, SUITE B
City-State-Zip: GAINESVILLE FL 32606

Title CFO
Name THOMA, KERI A
Address 4140 NW 37TH PLACE, SUITE B
City-State-Zip: GAINESVILLE FL 32606

Title CEO
Name RUCKER, DAVID CHRISTOPHER
Address 4140 NW 37TH PLACE, SUITE B
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY
Name YOUNG, ROBERT GREG
Address 4140 NW 37TH PLACE, SUITE B
City-State-Zip: GAINESVILLE FL 32606

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: ROBERT G. YOUNG**SECRETARY****02/22/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date