## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000376555

Entity Name: SEASONS HOSPICE & PALLIATIVE CARE OF PASCO COUNTY

HOLDINGS, LLC

**Current Principal Place of Business:** 

17855 NORTH DALLAS PARKWAY, SUITE 200

DALLAS, TX 75287

## **Current Mailing Address:**

17855 NORTH DALLAS PARKWAY, SUITE 200 DALLAS, TX 75287 US

FEI Number: 83-0538952 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 19, 2024

**Secretary of State** 

3506178242CC

## Authorized Person(s) Detail:

Title MEMBER MANAGER
Name ACCENTCARE, INC.

Address 17855 NORTH DALLAS PARKWAY,

SUITE 200

City-State-Zip: DALLAS TX 75287

SIGNATURE: TIMOTHY RYAN

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.

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY & GEN COUNSEL

04/19/2024

Date