

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000156002

**Entity Name:** SAVING LIVES HOME HEALTH AGENCY, LLC

**Current Principal Place of Business:**

400 INTERSTATE N PKWY SE  
STE 1600  
ATLANTA, GA 30339

**Current Mailing Address:**

400 INTERSTATE N PKWY SE  
STE 1600  
ATLANTA, GA 30339 US

**FEI Number:** 45-5003062

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            CEO, MANAGER  
Name            SHANER, JEFFREY  
Address        400 INTERSTATE N PKWY SE  
                  STE 1600  
City-State-Zip: ATLANTA GA 30339

Title            CFO, MANAGER  
Name            BUCKHALTER, MATTHEW  
Address        400 INTERSTATE N PKWY SE  
                  STE 1600  
City-State-Zip: ATLANTA GA 30339

Title            MANAGER  
Name            STEWART, DEBORAH  
Address        400 INTERSTATE N PKWY SE  
                  STE 1600  
City-State-Zip: ATLANTA GA 30339

*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:** JEFFREY SHANER

**CHIEF EXECUTIVE  
OFFICER**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date