## 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L21000159028

Entity Name: PRIORITY LIFE CARE, LLC

FILED
Jan 29, 2024
Secretary of State
8109770850CC

**Current Principal Place of Business:** 

1102 CHESTNUT HILLS PARKWAY, SUITE100 C/O PRIORITY LIFE CARE FORT WAYNE, FL 46814

## **Current Mailing Address:**

1102 CHESTNUT HILLS PARKWAY, SUITE100 C/O PRIORITY LIFE CARE FORT WAYNE, IN 46814 US

FEI Number: 46-2678286 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STARKS, MARK 7320 EAST FLETCHER AVENUE SUITE 170 TEMPLE TERRACE, FL 33637 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 MANAGER Title CFO

Name PETRAS, ROBERT E. JR Name BYERS, IYVONNE

Address 1102 CHESTNUT HILLS PARKWAY, Address 1102 CHESTNUT HILLS PARKWAY

SUITE 100

C/O PRIORITY LIFE CARE

City-State-Zip: FORT WAYNE IN 46814

City-State-Zip: FORT WAYNE IN 46814

Title MANAGER

Name PETRAS, SEVERINE M.

Address 1102 CHESTNUT HILLS PARKWAY,

SUITE 100

C/O PRIORITY LIFE CARE

City-State-Zip: FORT WAYNE IN 46814

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.

**CFO** 

SIGNATURE: IYVONNE BYERS

Electronic Signature of Signing Authorized Person(s) Detail

01/29/2024