

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000452596

**Entity Name:** CAREGIVERS HCP OF FLORIDA, LLC

**Current Principal Place of Business:**

650 GEORGE WASHINGTON HIGHWAY  
SUITE 102  
LINCOLN, RI 02865

**Current Mailing Address:**

650 GEORGE WASHINGTON HIGHWAY  
SUITE 102  
LINCOLN, RI 02865 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

OLENN, TIMOTHY H  
1900 GLADES ROAD  
245  
BOCA RATON, FL 34431 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            AMBR  
Name            ASIEDU, DANIEL  
Address        650 GEORGE WASHINGTON  
                  HIGHWAY, SUITE 102  
City-State-Zip: LINCOLN RI 02865

Title            AMBR  
Name            MANCELL, RUTH  
Address        650 GEORGE WASHINGTON  
                  HIGHWAY , SUITE 102  
City-State-Zip: LINCOLN RI 02865

*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:** DANIEL ASIEDU

**MEMBER**

**01/26/2023**

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

\_\_\_\_\_  
Date