

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000754

**Entity Name:** LIFE CARE PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

3570 KEITH STREET, NW  
CLEVELAND, TN 37312

**Current Mailing Address:**

3570 KEITH STREET, NW  
CLEVELAND, TN 37312

**FEI Number:** 27-1882094

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	AR	Title	VICE PRESIDENT / SECRETARY
Name	PRESTON, FORREST L	Name	CROSS, CINDY S
Address	3570 KEITH STREET, NW	Address	3570 KEITH STREET, NW
City-State-Zip:	CLEVELAND TN 37312	City-State-Zip:	CLEVELAND TN 37312

Title	AR
Name	THURMOND, JOAN E
Address	3570 KEITH STREET, NW
City-State-Zip:	CLEVELAND TN 37312

*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:** JOAN E. THURMOND

**ASSISTANT SECRETARY** 04/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date