

2021 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** 04/13/2021_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date