

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003402

**Entity Name:** CARESOUTH HHA HOLDINGS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

690 SOUTHPOINT DR NORTH  
STE 300  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 200  
AUGUSTA, GA 30903-0200 US

**FEI Number: 32-0379155**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
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 MGR  
Name GRIFFIN, RICK W  
Address 1 10TH ST - STE 500  
City-State-Zip: AUGUSTA GA 30901-0103

Title MGR  
Name SOUTHERN, JOHN M  
Address 1 10TH ST - STE 500  
City-State-Zip: AUGUSTA GA 30901-0103

Title MGR  
Name JUBEIR N, MAHER A  
Address 1 10TH ST - STE 500  
City-State-Zip: AUGUSTA GA 30901-0103

*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: RICK W GRIFFIN**

**PRES/CEO**

**01/16/2015**

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

\_\_\_\_\_  
Date