

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003402

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

**Current Principal Place of Business:**

6688 N CENTRAL EXPRESSWAY  
SUITE 1300  
DALLAS, TX 75206

**Current Mailing Address:**

6688 N CENTRAL EXPRESSWAY  
SUITE 1300  
DALLAS, TX 75206-3950 US

**FEI Number:** 32-0379155

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            COLTHARP, DOUGLAS E  
Address        3660 GRANDVIEW PARKWAY  
                  SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title            VP  
Name            THOMPSON, G ROBERT  
Address        6688 N CENTRAL EXPRESSWAY  
                  SUITE 1300  
City-State-Zip: DALLAS TX 75206-3950

Title            SECRETARY  
Name            DARBY, J PATRICK  
Address        3660 GRANDVIEW PARKWAY  
                  SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

Title            TREASURER  
Name            FAY, EDMUND  
Address        3660 GRANDVIEW PARKWAY  
                  SUITE 200  
City-State-Zip: BIRMINGHAM AL 35243

*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:** G ROBERT THOMPSON

**VICE PRESIDENT**

**01/25/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date