

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003824

Entity Name: ASCENTIAL CARE PARTNERS, LLC

Current Principal Place of Business:

333 WEST VINE STREET, STE 300
LEXINGTON, KY 40502

Current Mailing Address:

333 WEST VINE STREET, STE 300
LEXINGTON, KY 40502 US

FEI Number: 45-3818567

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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 HERRIG, STEVE
Address 1301 6TH AVE. W.
City-State-Zip: BRADENTON FL 34205

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: STEVE HERRIG

MANAGER

01/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date