

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005039

Entity Name: AVEANNA HEALTHCARE AS, LLC

Current Principal Place of Business:

400 INTERSTATE NORTH PARKWAY SE
STE. 1600
ATLANTA, GA 30339

Current Mailing Address:

400 INTERSTATE NORTH PARKWAY SE
STE. 1600
ATLANTA, GA 30339 US

FEI Number: 37-1864863

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 MGR
Name AVEANNA HEALTHCARE LLC
Address 400 INTERSTATE NORTH PKWY SE
STE. 1600
City-State-Zip: ATLANTA GA 30339

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: SHANNON DRAKE

SECRETARY

01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date