

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000004841

**Entity Name:** ADAPTHEALTH LLC**Current Principal Place of Business:**220 W GERMANTOWN PIKE STE 250  
PLYMOUTH MEETING, PA 19462**Current Mailing Address:**220 W GERMANTOWN PIKE STE 250  
PLYMOUTH MEETING, PA 19462**FEI Number:** 45-5553972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE , FL 32312 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:** MICHAEL A. BARR

03/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHIEF COMPLIANCE OFFICER,  
AUTHORIZED PERSON, MANAGER

Name RUSSALESI, WENDY

Address 220 W GERMANTOWN PIKE STE 250

City-State-Zip: PLYMOUTH MEETING PA 19462

Title PRESIDENT

Name PARNES, YEHOASHUA (JOSH)

Address 220 W GERMANTOWN PIKE STE 250

City-State-Zip: PLYMOUTH MEETING PA 19462

Title TREASURER

Name CLEMENS, JASON

Address 220 W GERMANTOWN PIKE STE 250

City-State-Zip: PLYMOUTH MEETING PA 19462

*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:** WENDY RUSSALESI**AUTHORIZED PERSON**

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date