

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001485

**Entity Name:** MODIVCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

6900 LAYTON AVE  
SUITE 1200  
DENVER, CO 80237

**Current Mailing Address:**

6900 LAYTON AVE  
SUITE 1200  
DENVER, CO 80237 US

**FEI Number:** 58-2491253

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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 MEMBER, MANAGER  
Name MODIVCARE INC.  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title SECRETARY  
Name JASKOLKA, JENNIFER  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title CHIEF ACCOUNTING OFFICER  
Name ORCUTT, REBECCA  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title CEO, PRESIDENT  
Name SAMPSON, L. HEATH  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title CFO, TREASURER  
Name SHEPARD, KENNETH  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

Title PRESIDENT (MOBILITY)  
Name SIMPSON, ILIAS  
Address 6900 LAYTON AVE  
SUITE 1200  
City-State-Zip: DENVER CO 80237

*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:** L. HEATH SAMPSON

**PRESIDENT**

**01/25/2024**

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

\_\_\_\_\_  
Date