

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000051110

**Entity Name:** HRC HOME HEALTH SERVICES-MIAMI DADE, LLC

**Current Principal Place of Business:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030

**Current Mailing Address:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030 US

**FEI Number:** 20-0618353

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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           MANAGER  
Name           ALLIANCE FOUNDATION OF FLORIDA,  
                  INC.  
Address        3989 CHAIN BRIDGE ROAD  
City-State-Zip: FAIRFAX VA 22030

*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:** ROBERT P HOSTLER

**PRESIDENT**

**04/25/2023**

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

\_\_\_\_\_  
Date