

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012961

Entity Name: GALE HEALTHCARE SOLUTIONS - FLORIDA, LLC

Current Principal Place of Business:

11274 W HILLSBOROUGH AVE
TAMPA, FL 33635

Current Mailing Address:

1624 GREENBRIAR PLACE, SUITE 200
OKC, OK 73159 US

FEI Number: 32-0109485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRASWELL, JAMES
11274 W HILLSBOROUGH AVE
TAMPA, FL 33635 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	Title	MGR
Name	BRASWELL, JAMES	Name	DAY, DON
Address	11274 W HILLSBOROUGH AVE	Address	4111 METRIC DRIVE
City-State-Zip:	TAMPA FL 33635	City-State-Zip:	WINTER PARK FL 32792

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: JAMES A. BRASWELL

MGR

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date