

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046825

**Entity Name:** HALIFAX HEALTH SERVICES, LLC

**Current Principal Place of Business:**

17855 NORTH DALLAS PARKWAY  
SUITE 200  
DALLAS, TX 75287

**Current Mailing Address:**

17855 NORTH DALLAS PARKWAY  
SUITE 200  
DALLAS, TX 75287 US

**FEI Number:** 41-2189656

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
APT 602  
TALLAHASSEE, FL 32301 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           ACCENTCARE FLORIDA HOLDING  
                  COMPANY, INC.  
Address       17855 NORTH DALLAS PARKWAY  
                  SUITE 200  
City-State-Zip: DALLAS TX 75287

*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:** DENA L. SCHWARTZ

**SECRETARY OF THE  
MANAGER**

**04/17/2019**

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

\_\_\_\_\_  
Date