

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091931

Entity Name: GREYSTONE HOME HEALTHCARE LLC

Current Principal Place of Business:

4042 PARK OAKS BLVD., SUITE 300
TAMPA, FL 33610

Current Mailing Address:

4042 PARK OAKS BLVD., SUITE 300
TAMPA, FL 33610

FEI Number: 20-5582824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGING MEMBER
Name GREYSTONE HEALTHCARE
 SERVICES INC.
Address 152 WEST 57TH STREET, 60TH
 FLOOR
City-State-Zip: NEW YORK NY 10019-3310

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: JACQUELINE PRICE

VP, TREASURER & CFO

03/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date