2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 09, 2020
Secretary of State
8733067284CC

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Entity Name: SEQUELCARE OF FLORIDA, LLC

Current Principal Place of Business:

3491 GANDY BOULEVARD
PINELLAS PARK, FL 33781

Current Mailing Address:

3491 GANDY BOULEVARD
PINELLAS PARK, FL 33781 US

FEI Number: 90-0341538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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: SANDRA YOUNKER 03/09/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT & CHIEF EXECUTIVE OFFICER
Name	ROUSSOS, CHRIS
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF COMPLIANCE & ETHICS OFFICE
Name	LEE, SAMANTHA
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF FINANCIAL OFFICER & CHIEF ADMINISTRATIVE OFFICER
Name	CAGLE, JASON
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF CLINICAL OFFICER
Name	MCCULLOM, DIANE
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	EXECUTIVE VICE PRESIDENT & CFO
Name	POTTS, SYBIL
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF GROWTH OFFICER
Name	VAILL, SAM
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF OPERATING OFFICER
Name	ANDREWS, JEFF
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

Title	CHIEF ACCOUNTING OFFICER
Name	WALKER, JAMES
Address	3491 GANDY BOULEVARD
City-State-Zip:	PINELLAS PARK FL 33781

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: SYBIL POTTS EVP & CFO 03/09/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date