

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101050

**Entity Name:** PINARD HOME HEALTH SERVICES, LLC

**Current Principal Place of Business:**

5925 SE ABSHIER BLVD  
BELLEVIEW, FL 34420

**Current Mailing Address:**

5925 SE ABSHIER BLVD  
BELLEVIEW, FL 34420 US

**FEI Number:** 59-3712361

**Certificate of Status Desired:** No

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

CRIMI, MICHAEL JR  
10762 SE U.S. HIGHWAY 441  
BELLEVIEW, FL 34420 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 MGRM  
Name CRIMI, MICHAEL JR.  
Address 10762 SE U.S. HIGHWAY 441  
City-State-Zip: BELLEVIEW FL 34420

*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:** MICHAEL CRIMI JR

MGRM

04/09/2015

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

\_\_\_\_\_ Date