

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064241

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC3653111939**

**Entity Name:** LAKEWOOD RANCH PREMIER CARE, P.L.

**Current Principal Place of Business:**

6120 53RD AVE EAST  
BRADENTON, FL 34203

**Current Mailing Address:**

6120 53RD AVE EAST  
BRADENTON, FL 34203 US

**FEI Number: 27-0495725**

**Certificate of Status Desired: Yes**

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

HERSHORIN, LAURA L  
6120 53RD AVE EAST  
BRADENTON, FL 34203 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	OWNE	Title	MANAGER
Name	HERSHORIN, LAURA LMD	Name	CORCORAN, BERNADETTE
Address	6120 53RD AVE EAST	Address	6120 53RD AVE EAST
City-State-Zip:	BRADENTON FL 34203	City-State-Zip:	BRADENTON FL 34203

*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: BERNADETTE CORCORAN**

**MANAGER**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date