

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105515

Entity Name: CASON COVE HEALTH CARE MANAGEMENT, LLC**Current Principal Place of Business:**4875 CASON COVE DRIVE
ORLANDO, FL 32811**Current Mailing Address:**4875 CASON COVE DRIVE
ORLANDO, FL 32811 US**FEI Number:** 27-3649591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAY ROBINSON
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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:** NORA MILLER

01/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	PARKER, SHELBY
Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811

Title	PRESIDENT
Name	PARKER, SHELBY T
Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811

Title	TREASURER
Name	PARKER, SHELBY T
Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811

Title	SECRETARY
Name	DOERR, PAMELA Y
Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811

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: SHELBY PARKER**MANAGER**

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date