2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2019
Secretary of State
2526570969CC

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 02/19/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	PRESIDENT
Name	PARKER, SHELBY	Name	PARKER, SHELBY T
Address	4875 CASON COVE DRIVE	Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	TREASURER	Title	SECRETARY
Name	PARKER, SHELBY T	Name	DOERR, PAMELA Y
Address	4875 CASON COVE DRIVE	Address	4875 CASON COVE DRIVE
City-State-Zip:	ORLANDO FL 32811	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 MGR 02/19/2019

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