

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085511

Entity Name: QUALITY LIVING HOME HEALTH CARE LLC

Current Principal Place of Business:

25400 US HIGHWAY 19 NORTH
SUITE 164
CLEARWATER, FL 33763

Current Mailing Address:

1645 PALM BEACH LAKES BLVD
SUITE 1100
WEST PALM BEACH, FL 33401 US

FEI Number: 45-2823888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITALITY HOME CARE, INC
1645 PALM BEACH LAKES BLVD
SUITE 1100
WEST PALM BEACH, FL 33401 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: JAMIE HYNES

02/22/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name HYNES, JAMIE
Address 1645 PALM BEACH LAKES BLVD
 SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title SENIOR VP
Name WIER, KIMBERLY A
Address 1645 PALM BEACH LAKES BLVD
 SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name CLIFT, DALE
Address 1645 PALM BEACH LAKES BLVD
 SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

Title SENIOR VP
Name HADLEY, BARBARA
Address 1645 PALM BEACH LAKES BLVD
 SUITE 1100
City-State-Zip: WEST PALM BEACH FL 33401

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: JAMIE HYNES

PRESIDENT

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date