## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085511

Entity Name: QUALITY LIVING HOME HEALTH CARE LLC

FILED
May 01, 2021
Secretary of State
5814997440CC

## **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 05/01/2021

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT Title SENIOR VP

Name HYNES, JAMIE Name WIER, KIMBERLY A

Address 1645 PALM BEACH LAKES BLVD Address 1645 PALM BEACH LAKES BLVD

SUITE 1100 SUITE 1100

City-State-Zip: WEST PALM BEACH FL 33401 City-State-Zip: WEST PALM BEACH FL 33401

Title VP

Name NORTHOVER, SUSAN

Address 1645 PALM BEACH LAKES BLVD

C/O TRILOGY HOME HEALTHCARE

**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 05/01/2021