

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108592

**Entity Name:** COMMUNITY HEALTH OF TALLAHASSEE, LLC

**Current Principal Place of Business:**

325 5TH AVENUE  
SUITE 204  
INDIALANTIC, FL 32903

**Current Mailing Address:**

P.O. BOX 2017  
MELBOURNE, FL 32901 US

**FEI Number:** 45-3436985

**Certificate of Status Desired:** No

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

STUDENBERG, ESQ., GANON J  
1119 PALMETTO AVENUE  
MELBOURNE, FL 32901 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:** GANON J. STUDENBERG, ESQ.

01/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	VAN HEMEL, ELIZABETH	Name	ST. CLAIR, DOUGLAS
Address	325 5TH AVENUE SUITE 204	Address	325 5TH AVENUE SUITE 204
City-State-Zip:	INDIALANTIC FL 32903	City-State-Zip:	INDIALANTIC FL 32903

*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:** ELIZABETH VAN HEMEL

MANAGER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date