2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2017
Secretary of State
CC2842894314

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Entity Name: SUPERIOR HEALTH CARE OF JACKSONVILLE, LLC.

Current Principal Place of Business:

5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209

Current Mailing Address:

5377 MONCRIEF ROAD
JACKSONVILLE, FL 32209 US

FEI Number: 45-5384407

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIBSON, JAMES D
400 BURNS CT
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	HARVEY, DEWAYNE
Address	5377 MONCRIEF RD
City-State-Zip:	JACKSONVILLE FL 32209

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: HARVEY , DEWAYNE MGRM 07/03/2017

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