

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000089973

Entity Name: PEACHTREE HEALTH SERVICES, LLC

Current Principal Place of Business:

4800 NOB HILL ROAD
SUNRISE, FL 33351

Current Mailing Address:

4800 NOB HILL ROAD
SUNRISE, FL 33351

FEI Number: 46-2081495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETERSON, DORIS
4800 NOB HILL ROAD
SUNRISE, FL 33351 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 MANAGING MEMBER
Name WOLFE, RICHARD W
Address 4800 NOB HILL ROAD
City-State-Zip: SUNRISE FL 33351

Title MEMBER
Name WOLFE, RICHARD B
Address 4800 NOB HILL ROAD
City-State-Zip: SUNRISE FL 33351

Title MEMBER
Name WOLFE, PRESTON A
Address 4800 NOB HILL ROAD
City-State-Zip: SUNRISE FL 33351

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: RICHARD W. WOLFE

PARTNER

02/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date