

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000017332

Entity Name: ALICE LOVELL, PH.D, RN, LLC

Current Principal Place of Business:

5358 DEL MONTE CT.
CAPE CORAL, FL 33904

Current Mailing Address:

5358 DEL MONTE CT
CAPE CORAL, FL 33904 US

FEI Number: 12-2553781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVELL, ALICE DR.
5358 DEL MONTE CT
CAPE CORAL, FL 33904 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: ALICE LOVELL PHD, RN

01/14/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PHD, RN
Name LOVELL, ALICE
Address 5358 DEL MONTE CT.
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name HOOTON, STEVEN MICHAEL MR.
Address 5358 DEL MONTE CT
City-State-Zip: CAPE CORAL FL 33904

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: ALICE LOVELL, PHD, RN, LLC

PRESIDENT

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date