

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000102457

**Entity Name:** HELENNA HEALTHCARE, LLC

**Current Principal Place of Business:**

2720 S. OAKLAND FOREST DR  
705  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

2720 S. OAKLAND FOREST DR  
705  
OAKLAND PARK, FL 33309 US

**FEI Number:** 46-1370791

**Certificate of Status Desired:** No

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

BOLE, MARY LOU  
2720 S. OAKLAND FOREST DR  
705  
OAKLAND PARK, FL 33309 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:** MARY LOU BOLE

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BOLE, MARY LOU  
Address 2720 S. OAKLAND FOREST DR  
705  
City-State-Zip: OAKLAND PARK FL 33309

Title AUTHORIZED MEMBER  
Name KOENIGSMAN, GRANT JEFFREY  
Address 2720 S. OAKLAND FOREST DR  
705  
City-State-Zip: OAKLAND PARK FL 33309

*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:** MARY LOU BOLE

**AUTHORIZED MEMBER**

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date