

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000114324

Entity Name: COMPLETE HOME CARE NURSE REGISTRY,LLC

Current Principal Place of Business:

824 S. MILITARY TRAIL
SUITE B
DEERFIELD BEACH, FL 33442

Current Mailing Address:

5340 LEGACY DRIVE
SUITE 150
PLANO, TX 75024 US

FEI Number: 48-3404668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MATT RUIZ

04/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name LIFECARE FLORIDA HOLDINGS, LLC
Address 5340 LEGACY DR, STE 150
City-State-Zip: PLANO TX 75024

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: CHRIS WALKER

CFO

04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date