

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000116455

Entity Name: ASCENDANT HEALTHCARE PARTNERS, LLC

Current Principal Place of Business:

2719 BLACKSHEAR AVENUE
PENSACOLA, FL 32503

Current Mailing Address:

101 PALAFOX PLACE
#1710
PENSACOLA, FL 32502 US

FEI Number: 46-3555561

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VANFLETEREN, BETTY J
2719 BLACKSHEAR AVENUE
PENSACOLA, FL 32503 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 VANFLETEREN, BETTY J
Address 2719 BLACKSHEAR AVE.
City-State-Zip: PENSACOLA FL 32503

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: BETTY J. VANFLETEREN

PRESIDENT

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date