

**2016 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:** No

**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 JOANN VANFLETEREN

**PRESIDENT**

**05/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date