

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000054298

**Entity Name:** RADCLIFFE NURSING SERVICE LLC

**Current Principal Place of Business:**

660 LINTON BOULEVARD, STE 203G  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

660 LINTON BOULEVARD, STE 203G  
DELRAY BEACH, FL 33444 US

**FEI Number: 46-5285818**

**Certificate of Status Desired: Yes**

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

MCCALLUM, RADCLIFFE ORAL  
660 LINTON BOULEVARD, STE 203G  
DELRAY BEACH, FL 33444 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: RADCLIFFE MCCALLUM**

**02/24/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	PRESIDENT
Name	MCCALLUM, RADCLIFFE	Name	LEWIS, MELISSA
Address	660 LINTON BOULEVARD, STE 203G	Address	660 LINTON BOULEVARD, STE 203G
City-State-Zip:	DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444

*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: RADCLIFFE MCCALLUM**

**CEO**

**02/24/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date