

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000174036

**Entity Name:** PARKVIEW HEALTH SERVICES, LLC

**Current Principal Place of Business:**

2151 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

2151 CENTRAL AVENUE  
ST. PETERSBURG, FL 33713 US

**FEI Number:** 47-2285530

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED SIGNOR  
Name GAFFNEY, THOMAS  
Address 2151 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33713

Title AUTHORIZED SIGNOR  
Name SHAPIRO, BARRY  
Address 2151 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33713

Title AUTHORIZED SIGNOR  
Name GAFFNEY, CORY  
Address 2151 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33713

Title MANAGER  
Name THE ANDERSON GROUP, LLC  
Address 2151 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33713

*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:** CORY GAFFNEY

**AUTHORIZED SIGNOR**

**04/18/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date