

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