

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000176104

**Entity Name:** ROSMAN WHOLE PERSON HEALTHCARE, LLC

**Current Principal Place of Business:**

4064 OAK VIEW DRIVE #9  
PUNTA GORDA, FL 33980

**Current Mailing Address:**

4064 OAK VIEW DRIVE #9  
PUNTA GORDA, FL 33980 US

**FEI Number:** 47-5373991

**Certificate of Status Desired:** No

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

ARMENTROUT CHAU & ASSOCIATES, PLLC  
170 W DEARBORN ST.  
ENGLEWOOD, FL 34223 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:** LINH CHAU

03/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROSMAN, STEVE M  
Address 3443 TAMIAMI TRAIL, SUITE C  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** STEVE M ROSMAN

MGR

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date