

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000152682

**Entity Name:** ALEXA HOME CARE, LLC

**Current Principal Place of Business:**

2445 LANE PARK ROAD  
TAVARES, FL 32778-9660

**Current Mailing Address:**

12470 TELECOM DRIVE, SUITE 301  
ATTN: LEGAL  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 81-3183408

**Certificate of Status Desired:** No

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

MOLOSKY, ANDREW K  
12470 TELECOM DRIVE, SUITE 301  
ATTN: LEGAL  
TEMPLE TERRACE, FL 33637 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:** ANDREW K. MOLOSKY

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEE, CHARLES O  
Address 2445 LANE PARK ROAD  
City-State-Zip: TAVARES FL 32778-9660

Title MEMB  
Name CORNERSTONE HEALTH SERVICES,  
INC  
Address 2445 LANE PARK ROAD  
City-State-Zip: TAVARES FL 32778-9660

*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:** ANDREW K MOLOSKY

**REGISTERED AGENT**

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date