I hereby certify that the information indicated on this report or supplemental report is true and accuration oath; that I am a managing member or manager of the limited liability company or the receiver or that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: MANISH BHATT	MGR	04/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

04/09/2018 Date

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000183538

Entity Name: LITTLE ANGELS PEDIATRIC EXTENDED CARE LLC

Current Principal Place of Business:

222 NEIGHBORHOOD MARKET ROAD #102 ORLANDO, FL 32825

Current Mailing Address:

222 NEIGHBORHOOD MARKET ROAD #102 ORLANDO, FL 32825 US

FEI Number: 81-4022421

Name and Address of Current Registered Agent:

BHATT, MANISH I 7636 APPLE TREE CIRCLE ORLANDO, FL 32819 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BHATT, MANISH I	Name	AMBWANI, CHANDERLAL B
Address	7636 APPLE TREE CIRCLE	Address	3081 TIMPANA POINT
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	LONGWOOD FL 32779

FILED Apr 09, 2018 Secretary of State CC1097583860

Date

Certificate of Status Desired: No