| 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. |

MGRM

ťł

SIGNATURE: MANISH I BHATT

L

Electronic Signature of Signing Authorized Person(s) Detail

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 |

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000183538

Entity Name: LITTLE ANGELS PEDIATRIC EXTENDED CARE LLC

Current Principal Place of Business:

7636 APPLE TREE CIRCLE ORLANDO, FL 32819

Current Mailing Address:

7636 APPLE TREE CIRCLE ORLANDO, FL 32819

FEI Number: 81-4022421

Name and Address of Current Registered Agent:

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

FILED Mar 15, 2017 Secretary of State CC4657213909

Certificate of Status Desired: No

03/15/2017

Date

Date