

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000000414

Entity Name: INFINITI CARE HOME HEALTH SERVICES, LLC**Current Principal Place of Business:**4440 PGA BLVD
SUITE #600
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4440 PGA BLVD
SUITE #600
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 46-0780064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTHERLAND, ALYIAH ESTELLE
4440 PGA BLVD
SUITE #600
PALM BEACH GARDENS, FL 33410 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:** ALYIAH E. SUTHERLAND

05/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	SUTHERLAND, AYANNA ROXANNE
Address	4440 PGA BLVD SUITE #600
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AUTHORIZED MEMBER
Name	SUTHERLAND, ALYIAH ESTELLE
Address	4440 PGA BLVD SUITE #600
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AUTHORIZED MEMBER
Name	ANAIAH A. SUTHERLAND
Address	4440 PGA BLVD SUITE #600
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	AUTHORIZED REPRESENTATIVE
Name	CUNNINGHAM, PHILLIP W
Address	4440 PGA BLVD SUITE #600
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: AYANNA SUTHERLAND

MGR

05/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date