

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000005336

Entity Name: SCHNELL HEALTHCARE LLC

Current Principal Place of Business:

13857 DEER CHASE PLACE
JACKSONVILLE,, FL 32224

Current Mailing Address:

13857 DEER CHASE PLACE
JACKSONVILLE,, FL 32224

FEI Number: 81-4923057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARIKH, NEENA
4543 WESCONNETT BLVD
JACKSONVILLE,, FL 32210 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

Date

Authorized Person(s) Detail :

Title MGR
Name SCHNELL, KARLA J
Address 13857 DEER CHASE PLACE
City-State-Zip: JACKSONVILLE, FL 32224

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: KARLA JEAN SCHNELL

MANAGER

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date