

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000190921

Entity Name: HOME HEALTH AGENCY - OKLAHOMA CITY, LLC

Current Principal Place of Business:

2999 N 44TH ST
STE 100
PHOENIX, AZ 85018-7247

Current Mailing Address:

2999 N 44TH ST
STE 100
PHOENIX, AZ 85018-7247 US

FEI Number: 20-1606852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name TEAM SELECT HOLDINGS, LLC
Address 2999 N 44TH ST STE 100
City-State-Zip: PHOENIX AZ 85018

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: MICHAEL LOVELL AUTHORIZED REPRESENTATIVE AMBR
OF TEAM SELECT HOLDINGS, LLC**

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date