2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2021
Secretary of State
3548569547CC

DOCUMENT# L17000190921

Entity Name: HOME HEALTH AGENCY - OKLAHOMA CITY, LLC

Current Principal Place of Business:

2999 N. 44TH STREET
SUITE 100
PHOENIX, AZ 85018

Current Mailing Address:

2999 N. 44TH STREET
SUITE 100
PHOENIX, AZ 85018 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	MEMBER	Title	AUTHORIZED SIGNER
Name	TEAM SELECT HOLDINGS, LLC	Name	LOVELL, MICHAEL
Address	2999 N. 44TH STREET SUITE 100	Address	2999 N. 44TH STREET SUITE 100
City-State-Zip:	PHOENIX AZ 85018	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 SIGNER 04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date