

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000219655

Entity Name: TRANSITIONAL HEALTH NETWORK LLC

Current Principal Place of Business:

10650 SW 137TH STREET
MIAMI, FL 33176

Current Mailing Address:

10650 SW 137TH STREET
MIAMI, FL 33176 66

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOURIST, JAY
10650 SW 137TH STREET
MIAMI, FL 33176 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 YOURIST, JAY E
Address 10650 SW 137TH STREET
City-State-Zip: MIAMI FL 33176

Title MGR
Name REYNOLDS, ROBERT R
Address 906 BLACKWOOD AVE
City-State-Zip: TALLAHASSEE FL 32303

Title MGR
Name PLUTT, JULIO
Address 2725 KINSINGTON CIR
City-State-Zip: WESTON FL 33332

Title MGR
Name FAULK, PAUL
Address 4320 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

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: JAY YOURIST

MANAGING PARTNER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date