

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000069628

**Entity Name:** OFL CARE OF FL IV, LLC

**Current Principal Place of Business:**

8831 BUSINESS PARK DRIVE SUITE 301  
FORT MYERS, FL 33912

**Current Mailing Address:**

8831 BUSINESS PARK DRIVE SUITE 301  
FORT MYERS, FL 33912 US

**FEI Number:** 83-4143274

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           EPISODE SOLUTIONS, LLC  
Address        102 WOODMONT BLVD SUITE 350  
City-State-Zip: NASHVILLE TN 37205

Title           AUTHORIZED REPRESENTATIVE  
Name           EADIE, HUTTON  
Address        8831 BUSINESS PARK DRIVE SUITE  
                  301  
City-State-Zip: FORT MYERS FL 33912

Title           MANAGER  
Name           CARE OF FL MSO, LLC  
Address        8831 BUSINESS PARK DRIVE SUITE  
                  301  
City-State-Zip: FORT MYERS FL 33912

*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:** HUTTON EADIE

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date