

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000176447

**Entity Name:** FMC HOME HEALTH SERVICES LLC

**Current Principal Place of Business:**

707 NE 125TH STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

707 NE 125TH STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 84-2528233

**Certificate of Status Desired:** No

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

ELITE QUALITY INSURANCE GROUP INC  
707 NE 125TH STREET  
NORTH MIAMI, FL 33161 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 CHARLES, MYRLANDE  
Address 707 NE 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

*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:** MYRLANDE CHARLES

MGR

08/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date