

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000208389

**Entity Name:** TIERRA HEALTHCARE CONCEPTS OF NORTH FLORIDA LLC

**Current Principal Place of Business:**

727 CLAREMORE DR  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

727 CLAREMORE DR  
WEST PALM BEACH, FL 33401

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CONKLIN, MARK T  
Address 727 CLAREMORE DR  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** CONKLIN , MARK T

ANGELA MARTIN,  
ATTORNEY-IN-FACT

03/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date