

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000121614

Entity Name: BROWARD CARE AT HOME, LLC**Current Principal Place of Business:**600 CORPORATE DR
STE 305
FORT LAUDERDALE, FL 33334-3604**Current Mailing Address:**4655 SALISBURY RD
SUITE 110
JACKSONVILLE, FL 32256 US**FEI Number:** 20-2616323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, ROBERT GREG
4655 SALISBURY RD
SUITE 110
JACKSONVILLE, FL 32256 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 AUTHORIZED MEMBER
Name CONCIERGE FLORIDA ACQUISITIONS
2, LLC
Address 4655 SALISBURY RD
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT
Name FISHER, JEFFREY L.
Address 4655 SALISBURY RD
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CFO
Name THOMA, KERI A.
Address 4655 SALISBURY RD
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title CEO
Name RUCKER, DAVID CHRISTOPHER
Address 4655 SALISBURY RD
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name YOUNG, ROBERT GREG
Address 4655 SALISBURY RD
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

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: ROBERT GREG YOUNG**SECRETARY****02/08/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date