

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000238797

Entity Name: CHC OF OCALA, LLC**Current Principal Place of Business:**2815 SE 17TH ST
STE 101
OCALA, FL 34471**Current Mailing Address:**4655 SALISBURY RD
SUITE 110
JACKSONVILLE, FL 32256 US**FEI Number:** 85-3773886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YOUNG, ROBERT G
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 CEO
Name RUCKER, DAVID CHRISTOPER
Address 4655 SALISBURY ROAD 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

Title CFO
Name THOMA, KERI A
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 MGRM
Name CONGIERGE HOME CARE OF OCALA
HOLDINGS, LLC
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