**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 27, 2021**
**Secretary of State**
**7537545669CC**

DOCUMENT# L20000357996

**Entity Name:** BALM OF GILEAD HOME HEALTH LLC

**Current Principal Place of Business:**

505 AVENUE A NW
SUITE 305
WINTERHAVEN, FL 33881

**Current Mailing Address:**

505 AVENUE A NW
SUITE 305
WINTERHAVEN, FL 33881 US

**FEI Number: 85-3851426**

**Certificate of Status Desired:** No

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

OLATUNJI, OLUBODE
19417 SANDY SPRINGS CIRCLE
LUTZ, FL 33558 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 | P | Title | VP |
| Name | OLATUNJI, OLUBODE | Name | OLATUNJI, GBEMISOLA |
| Address | 19417 SANDY SPRINGS CIRLUTZ | Address | 6611 US HWY 19, STE 207 |
| City-State-Zip: | LUTZ FL 33558--973 | City-State-Zip: | NEW PORT RICHEY FL 34652 |
| Title | OFF | Title | OFF |
| Name | OLATUNJI, DAMILOLA | Name | OLATUNJI, ITUNU |
| Address | 19417 SANDY SPRINGS CIRLUTZ | Address | 19417 SANDY SPRINGS CIRLUTZ |
| City-State-Zip: | LUTZ FL 33558--973 | City-State-Zip: | LUTZ FL 33558--973 |

*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: OLUBODE OLATUNJI P 04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date