

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000482

**Entity Name:** LIFE CARE PARTNERS OF FLORIDA, LLC

**Current Principal Place of Business:**

8150 NORTH CENTRAL EXPRESSWAY  
SUITE 1800  
DALLAS, TX 75206

**Current Mailing Address:**

8150 NORTH CENTRAL EXPRESSWAY  
SUITE 1800  
DALLAS, TX 75206 US

**FEI Number:** 80-0341927

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** HOLLY JONES

04/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title COO  
Name WALKER, CHRIS A  
Address 8150 NORTH CENTRAL EXPRESSWAY  
SUITE 1800  
City-State-Zip: DALLAS TX 75206

*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:** CHRIS WALKER

**CHIEF OPERATING  
OFFICER**

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date