

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000358

**Entity Name:** MILESTONE HEALTHCARE, LLC

**Current Principal Place of Business:**

275 W CAMPBELL RD., SUITE 300  
RICHARDSON, TX 75080

**Current Mailing Address:**

275 W CAMPBELL RD., SUITE 300  
RICHARDSON, TX 75080 US

**FEI Number: 75-2592398**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST.  
STE 4  
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: ERIC HOOD**

**04/11/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MILESTONE STAFFING INC.  
Address C/O H2 HOLDCO, INC.  
484 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title CFO  
Name HUGHES, TIMOTHY  
Address C/O H2 HOLDCO, INC.  
484 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT AND SECRETARY  
Name SANSONE, GUY  
Address C/O H2 HOLDCO, INC.  
484 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title COO  
Name ADAMS, CHRISTINE  
Address C/O H2 HOLDCO, INC.  
484 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title VP  
Name JOHNSON, LANA  
Address C/O H2 HOLDCO, INC.  
484 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

*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: TIMOTHY HUGHES**

**CFO**

**04/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date