

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006614

**Entity Name:** SHC HOME HEALTH SERVICES - LAKELAND, LLC

**Current Principal Place of Business:**

12201 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

**Current Mailing Address:**

12201 BLUEGRASS PARKWAY  
LOUISVILLE, KY 40299

**FEI Number:** 46-3910334

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	CFO	Title	OTHER, GENERAL COUNSEL/CLO
Name	HARRISON, JOHN	Name	BECK, DAVID
Address	12201 BLUEGRASS PARKWAY	Address	12201 BLUEGRASS PARKWAY
City-State-Zip:	LOUISVILLE KY 40299	City-State-Zip:	LOUISVILLE KY 40299

*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:** DAVID BECK

**CHIEF LEGAL OFFICER**

**06/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date