

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002501

Entity Name: RECOVERCARE, LLC

Current Principal Place of Business:

2430 WHITEHALL PARK DRIVE
SUITE 100
CHARLOTTE, NC 28273

Current Mailing Address:

2430 WHITEHALL PARK DRIVE
SUITE 100
CHARLOTTE, NC 28273 US

FEI Number: 22-3661634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name JOERNS HEALTHCARE PARENT LLC
Address 2430 WHITEHALL PARK DRIVE
SUITE 100
City-State-Zip: CHARLOTTE NC 28273

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: JOERNS HEALTHCARE PARENT LLC

MEMBER

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date