## 2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000007479

**Entity Name: CONCORDANCE HEALTHCARE SOLUTIONS LLC** 

**FILED** Mar 07, 2025 **Secretary of State** 0387494264CC

**Current Principal Place of Business:** 

85 SHAFFER PARK DRIVE TIFFIN, OH 44883

## **Current Mailing Address:**

85 SHAFFER PARK DRIVE TIFFIN. OH 44883 US

FEI Number: 38-3986849 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MANAGER Title MANAGER

Name KREISERS HOLDINGS, LLC Name SENECA MEDICAL HOLDINGS, INC.

85 SHAFFER PARK DRIVE Address Address 85 SHAFFER PARK DRIVE

City-State-Zip: TIFFIN OH 44883 TIFFIN OH 44883 City-State-Zip:

Title **MANAGER** Title MANAGER

CONCORDANCE HEALTHCARE MIDWEST MEDICAL SUPPLY Name Name

SOLUTIONS MANAGEMENT HOLDINGS, CO.

Address

85 SHAFFER PARK DRIVE

INCENTIVE, LLC 85 SHAFFER PARK DRIVE

TIFFIN OH 44883 City-State-Zip:

TIFFIN OH 44883 City-State-Zip:

Title MANAGER

Address

Address

Title PRESIDENT/CEO CONCORDANCE HEALTHCARE Name Name HOHMAN, LISA

SOLUTIONS MANAGEMENT

85 SHAFFER PARK DRIVE Address 85 SHAFFER PARK DRIVE

City-State-Zip: TIFFIN OH 44883 City-State-Zip: TIFFIN OH 44883

Title COO

Title TREASURER/CFO PRICE, KEITH Name

SPRALEY, SEAN Name 85 SHAFFER PARK DRIVE Address

Address 85 SHAFFER PARK DRIVE City-State-Zip: TIFFIN OH 44883

City-State-Zip: TIFFIN OH 44883

COMMON. LLC

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.

03/07/2025 PRESIDENT/CEO SIGNATURE: LISA HOHMAN

Electronic Signature of Signing Authorized Person(s) Detail

Date