

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000061392

**FILED  
Apr 30, 2019  
Secretary of State  
3028609621CC**

**Entity Name:** ADVENT HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:**

6002 SE FRANKLIN PL  
HOBE SOUND, FL 33455

**Current Mailing Address:**

6002 SE FRANKLIN PL  
HOBE SOUND, FL 33455 US

**FEI Number: 82-4698447**

**Certificate of Status Desired: No**

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

EHRHARD, CRISSY A  
6002 SE FRANKLIN PL  
HOBE SOUND, FL 33455 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 MGR  
Name EHRHARD, CRISSY A  
Address 6002 SE FRANKLIN PL  
City-State-Zip: HOBE SOUND FL 33455

Title AMBR  
Name GOZAR, NELDA  
Address 6002 SE FRANKLIN PL  
City-State-Zip: HOBE SOUND FL 33455

Title AMBR  
Name BENYA, DONNA  
Address 6002 SE FRANKLIN PL  
City-State-Zip: HOBE SOUND FL 33455

*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: CRISSY EHRHARD**

**MANAGER**

**04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date