

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000000798

**Entity Name:** CHOICES IN SENIOR CARE, LLC

**Current Principal Place of Business:**

151F MARKET PLACE BLVD  
KNOXVILLE, TN 37922

**Current Mailing Address:**

151F MARKET PLACE BLVD  
KNOXVILLE, TN 37922 US

**FEI Number:** 27-2329897

**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 MBR  
Name WEGMAN, ABIGAIL  
Address 512 ARROWHEAD TRAIL SOUTHWEST  
City-State-Zip: KNOXVILLE TN 37919

Title MBR  
Name WALLACE, KATHY  
Address 2869 MABLE COUCH WAY  
City-State-Zip: KNOXVILLE TN 37931

Title MBR  
Name RAUSIN, CASEY  
Address 204 TIMOTHY AVENUE  
City-State-Zip: SWEETWATER TN 37874

Title MBR  
Name WEGMAN, MARY  
Address 9016 CANDLEWOOD DRIVE  
City-State-Zip: KNOXVILLE TN 37923

*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:** WALLACE, KATHY

**DIRECTOR OF  
OPERATIONS**

**02/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date