

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000010200

**Entity Name:** PREFERRED CARE PARTNERS MEDICAL GROUP, INC.**Current Principal Place of Business:**9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
MIAMI, FL 33156**Current Mailing Address:**9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
MIAMI, FL 33156 US**FEI Number:** 26-1845018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

**Officer/Director Detail :**

Title DIRECTOR  
Name VELASCO, JR., JOSE LUIS  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title CFO  
Name HUNTER, ROBERT ALDEN  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title SECRETARY  
Name MURDOCK, SARAH ANN  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title TREASURER  
Name GILL, PETER MARSHALL  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title ASSISTANT SECRETARY  
Name LANG, HEATHER ANASTASIA  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title PRESIDENT  
Name RODRIGUEZ, ROGER [NMN]  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name RODRIGUEZ, ROGER [NMN]  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date