

**2018 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	PRESIDENT, DIRECTOR
Name	RODRIGUEZ, ROGER (NMN)
Address	9100 SOUTH DADELAND BOULEVARD
City-State-Zip:	MIAMI FL 33156

Title	TREASURER
Name	OBERRENDER, ROBERT WORTH
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	STILLMAN, CRAIG ANDREW
Address	9800 HEALTH CARE LANE
City-State-Zip:	MINNETONKA MN 55343

Title	SECRETARY
Name	ESCALONA, EDITH LOURDES
Address	9100 S. DADELAND BLVD
City-State-Zip:	MIAMI FL 33156

Title	ASSISTANT SECRETARY
Name	LANG JACOBSEN, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

*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 JACOBSEN****ASSISTANT SECRETARY 04/07/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date