

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000086626

**Entity Name:** PREFERRED CARE PARTNERS, 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:** 65-0885893

**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

**Officer/Director Detail :**

Title CEO, PRESIDENT, DIRECTOR  
Name MURRELL, III , WARREN PAUL  
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 SECRETARY  
Name MISKELLA, ALEXANDER MCCARTHY  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

Title VP  
Name COTTINGTON, NYLE BRENT  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR  
Name PRIETO, JENNIFER DENISE  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

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

Title DIRECTOR, CFO  
Name SCHROFE, JESSICA ARLETTE  
Address 9100 SOUTH DADELAND BOULEVARD  
SUITE 1250  
City-State-Zip: MIAMI FL 33156

**Continues on page 2**

*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** 04/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SWENSON, TYLER DAVID  
Address        9100 SOUTH DADELAND BOULEVARD  
                SUITE 1250  
City-State-Zip: MIAMI FL 33156