

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086422

**Entity Name:** AMBULATORY CARE CONSULTANTS, LLC

**Current Principal Place of Business:**

1103 TUSCANY DR  
TRINITY, FL 34655

**Current Mailing Address:**

1103 TUSCANY DR  
TRINITY, FL 34655

**FEI Number:** 26-3364795

**Certificate of Status Desired:** No

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

FURMAN-RAMIREZ, SALLY L  
1103 TUSCANY DR  
TRINITY, FL 34655 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 MGRM  
Name FURMAN-RAMIREZ, SALLY L  
Address 1103 TUSCANY DR  
City-State-Zip: TRINITY FL 34655

*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:** SALLY FURMAN-RAMIREZ

**MANAGER**

**02/19/2019**

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

\_\_\_\_\_  
Date