

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000117106

Entity Name: GENESISCARE USA OF FLORIDA, LLC**Current Principal Place of Business:**2270 COLONIAL BLVD
FORT MYERS, FL 33907**Current Mailing Address:**2270 COLONIAL BLVD
FORT MYERS, FL 33907 US**FEI Number:** 59-2485899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MANAGER
Name	COLLINS, DAN
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	MANAGER
Name	ROLFO, ALDO
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	MANAGER
Name	POWELL, CHARLES
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

Title	AUTHORIZED REPRESENTATIVE
Name	WOODWARD, ALLAN
Address	2270 COLONIAL BLVD
City-State-Zip:	FORT MYERS FL 33907

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: ALLAN WOODWARD**AUTHORIZED
REPRESENTATIVE****05/09/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date