

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024872

**Entity Name:** ADULT MEDICAL CARE ASSOCIATES LLC

**Current Principal Place of Business:**

2929 N UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

5608 TAFT ST  
HOLLYWOOD, FL 33021 US

**FEI Number:** 27-2036899

**Certificate of Status Desired:** No

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

QUESADA, IVIS  
2929 N UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33065 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 QUESADA, IVIS  
Address 2929 N UNIVERSITY DR, STE 104  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name FERNANDEZ PEREZ, ERIK  
Address 2929 N UNIVERSITY DR, STE 104  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** IVIS QUESADA

**PRESIDENT**

**04/08/2015**

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

\_\_\_\_\_  
Date