

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000127064

Entity Name: PINES CARE MEDICAL CENTER, LLC.

Current Principal Place of Business:

501 NW 103 AVENUE
PEMBROKE PINES, FL 33026

Current Mailing Address:

8700 W FLAGLER STREET
SUITE 400
MIAMI, FL 33174 US

FEI Number: 27-4239402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE VERA, JOSEPH NICHOLAS ESQ.
8700 W FLAGLER STREET
400
MIAMI, FL 33174 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: JOSEPH DE VERA

03/06/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAREMAX MEDICAL GROUP, L.L.C.
Address 8700 W FLAGLER STREET
SUITE 400
City-State-Zip: MIAMI FL 33174

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: JOSEPH DE VERA

MANAGER

03/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date