

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069088

**Entity Name:** BTPM HEALTHCARE LLC

**Current Principal Place of Business:**

2810 EAST OAKLAND PARK BLVD.  
300  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2810 EAST OAKLAND PARK BLVD.  
300  
FORT LAUDERDALE, FL 33306 US

**FEI Number:** 45-2547946

**Certificate of Status Desired:** Yes

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

BILL TOLIA  
3205 NE 40TH ST  
FORT LAUDERDALE  
FORT LAUDERDALE, FL 33308 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 MGR  
Name TOLIA, BILL  
Address 3205 NE 40TH ST  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MGR  
Name MERCATILI, PETER  
Address 65 HARROW DRIVE  
City-State-Zip: COLONIA NJ 07067

Title DIRECTOR OF OPERATIONS  
Name ROOT, TODD D  
Address 8974 LAKES BOULEVARD  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** TODD D ROOT

**DIRECTOR OF  
OPERATIONS**

**04/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date