

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105866

**Entity Name:** SCIENCE CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

3902 N.W. 126TH AVENUE  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

21410 N 19TH AVE  
STE 126  
PHOENIX, AZ 85027 US

**FEI Number:** 61-1661399

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VICE PRESIDENT OF OPERATIONS  
Name O'CONNELL, BRAD  
Address 21410 NORTH 19TH AVENUE  
SUITE 126  
City-State-Zip: PHOENIX AZ 85027

*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:** BRAD O'CONNELL

VP OF OPERATIONS

05/03/2019

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

\_\_\_\_\_  
Date