

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000020009

Entity Name: ACCOUNTABLE CARE OPTIONS, LLC

Current Principal Place of Business:

2240 WOOLBRIGHT RD
SUITE 317
BOYNTON BEACH, FL 33426

Current Mailing Address:

2240 WOOLBRIGHT RD
SUITE 317
BOYNTON BEACH, FL 33426

FEI Number: 90-0793683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUCIBELLA, RICHARD J
2240 WOOLBRIGHT RD
SUITE 317
BOYNTON BEACH, FL 33426 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 LUCIBELLA, RICHARD J
Address 2240 WOOLBRIGHT RD #317
City-State-Zip: BOYNTON BEACH FL 33426

Title MGR
Name LAVERNIA, IVAN
Address 2240 WOOLBRIGHT RD #317
City-State-Zip: BOYNTON BEACH FL 33426

Title MGR
Name PEREZ MESA, FRANCISCO
Address 2240 WOOLBRIGHT RD
City-State-Zip: BOYNTON BEACH FL 33426

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: RICHARD LUCIBELLA

MANAGING MEMBER

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date