

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000010314

Entity Name: MANAGED CARE ADVISORY, LLC

Current Principal Place of Business:

35246 US HIGHWAY 19N
#329
PALM HARBOR, FL 34684

Current Mailing Address:

35246 US HIGHWAY 19N
#329
PALM HARBOR, FL 34684 US

FEI Number: 46-1840025

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULECAS, JAMES F
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 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 GUPTA, LALIT K
Address 35246 US HIGHWAY 19N
#329
City-State-Zip: PALM HARBOR FL 34684

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: LALIT K GUPTA

MANAGER

03/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date