

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000014409

**Entity Name:** CHOICES FOR MEDICARE, LLC

**Current Principal Place of Business:**

15901 PHILLIPS RD  
ODESSA, FL 33556

**Current Mailing Address:**

15901 PHILLIPS RD  
ODESSA, FL 33556 US

**FEI Number:** 46-1929057

**Certificate of Status Desired:** No

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

EGOSI, JOSEPH  
15901 PHILLIPS RD  
ODESSA, FL 33556 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 EGOSI

01/07/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name EGOSI, JOSEPH  
Address 15901 PHILLIPS RD  
City-State-Zip: ODESSA FL 33556

*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 EGOSI

MGRM

01/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date