

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000065084

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC4798408845**

**Entity Name:** GENUINE HEALTH ACO LLC

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD  
STE 1480  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2800 PONCE DE LEON BLVD  
STE 1480  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-2772563

**Certificate of Status Desired:** No

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

AUERBACH, MARC H ESQ  
200 S BISCAYNE BLVD  
STE 3000  
MIAMI, FL 33131 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 TOLEDANO, VICTOR MD  
Address 32800 PONCE DE LEON BLVD  
STE 1480  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name WONG, ANTONIO  
Address 2800 PONCE DE LEON BLVD  
STE 1480  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name JENSEN, WILLIAM  
Address 2800 PONCE DE LEON BLVD  
STE 1480  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name VASTA, JOSEPH  
Address 2800 PONCE DE LEON BLVD  
STE 1480  
City-State-Zip: CORAL GABLES FL 33134

Title CEO  
Name CARUNCHO, JOSEPH L  
Address 2800 PONCE DE LEON BLVD  
STE 1480  
City-State-Zip: CORAL GABLES FL 33134

*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 CARUNCHO

CEO

03/07/2018

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

\_\_\_\_\_  
Date