

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000065084

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 L. CARUNCHO

CEO

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date