

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000122805

**Entity Name:** CARE PLUS INFUSION, LLC

**Current Principal Place of Business:**

5050 BISCAYNE BLVD  
SUITE 101  
MIAMI, FL 33137

**Current Mailing Address:**

5050 BISCAYNE BLVD  
SUITE 101  
MIAMI, FL 33137 US

**FEI Number:** 47-1737506

**Certificate of Status Desired:** No

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

TOBIN, MICHAEL S ESQ  
10800 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33161 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 MGRM  
Name SOTOMAYOR, JOSE  
Address 5151 COLLINS AVENUE, SUITE PHF  
City-State-Zip: MIAMI BEACH FL 33140

*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:** JOSE SOTOMAYOR

**CEO**

**04/23/2019**

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

\_\_\_\_\_  
Date