

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146562

**Entity Name:** GENESIS CRITICAL CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

9980 CENTRAL PARK BLVD  
SUITE 322  
BOCA RATON, FL 33428

**Current Mailing Address:**

9980 CENTRAL PARK BLVD  
SUITE 322  
BOCA RATON, FL 33428 US

**FEI Number:** 47-2003432

**Certificate of Status Desired:** No

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

ADELMAN, MARK MD  
9980 CENTRAL PARK BLVD-STE322  
BOCA RATON, FL 33428 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 ADELMAN, MD, MARK  
Address 9980 CENTRAL PARK BLVD SUITE 322  
City-State-Zip: BOCA RATON FL 33428

Title MGR  
Name BARON, MD, KENNETH  
Address 9980 CENTRAL PARK BLVD SUITE 322  
City-State-Zip: BOCA RATON FL 33428

Title MGR  
Name SCHREIBMAN, M.D., NOAH  
Address 9980 CENTRAL PARK BLVD SUITE 322  
City-State-Zip: BOCA RATON FL 33428

*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:** ADELMAN, MD , MARK

MGR

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date