2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2020
Secretary of State
0016418929CC

DOCUMENT# L15000186642

Entity Name: MULTI-CARE ORTHOPEDICS & SPINAL REHABILITATION PLLC

Current Principal Place of Business:

13701 CYPRESS TERRACE CIRCLE
FORT MYERS, FL 33907

Current Mailing Address:

13701 CYPRESS TERRACE CIRCLE
FORT MYERS, FL 33907

FEI Number: 47-5502650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALERMO, JACQUELINE
2525 EMBASSY DRIVE STE 14
COOPER CITY, FL 33026 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	GELCH, BRUCE
Address	11270 PINES BLVD
City-State-Zip:	PEMBROKE PINES FL 33026

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: BRUCE GELCH PRESIDENT 02/04/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date