

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000023109

**Entity Name:** CHRONIC CARE SOLUTIONS, LLC

**Current Principal Place of Business:**

8618 SW 103RD STREET ROAD  
OCALA, FL 34481

**Current Mailing Address:**

5029 SE 5TH AVE  
OCALA, FL 34480

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KUMAR, KEERTINI MD  
5029 SE 5TH AVE  
OCALA, FL 34480 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 KUMAR, KEERTINI MD  
Address 5029 SE 5TH AVE  
City-State-Zip: Ocala FL 34480

*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:** KEERTINI KUMAR

MD

02/04/2024

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

\_\_\_\_\_  
Date