

2019 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

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date