

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000073574

Entity Name: ERACARE PHYSICIANS LLC**Current Principal Place of Business:**1920 DON WICKHAM DRIVE
SUITE 335
CLERMONT, FL 34711**Current Mailing Address:**P O BOX 120518
CLERMONT, FL 34712 US**FEI Number:** 81-2185758**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANDIL, ALAA MD
1920 DON WICKHAM DRIVE
SUITE 335
CLERMONT, FL 34711 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:** ALAA KANDIL, MD

02/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	KANDIL, ALAA MD
Address	1920 DON WICKHAM DRIVE SUITE 335
City-State-Zip:	CLERMONT FL 34711

Title	AMBR
Name	ABDELSATAR, EMAD MD
Address	1920 DON WICKHAM DRIVE SUITE 335
City-State-Zip:	CLERMONT FL 34711

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: EMAD ABDELSATAR

MD

02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date