

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000141207

Entity Name: WECARE MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

17378 SW 13 ST
PEMBROKE PINES, FL 33029

Current Mailing Address:

17378 SW 13 ST
PEMBROKE PINES, FL 33029 US

FEI Number: 81-3453118

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURATTINI, ADRIANA ROSA
17378 SW 13 ST
PEMBROKE PINES, FL 33029 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: ADRIANA R. BURATTINI

02/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER.
Name MONTES, ALDO R
Address 17378 SW 13 ST
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER, AUTHORIZED MEMBER
Name BURATTINI, ADRIANA
Address 17378 SW 13 ST
City-State-Zip: PEMBROKE PINES FL 33029

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: ADRIANA BURATTINI

MANAGER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date