

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000141207

Entity Name: WECARE MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

8204 NW 44 STREET
CORAL SPRINGS, FL 33065

Current Mailing Address:

8204 NW 44 STREET
CORAL SPRINGS, FL 33065 US

FEI Number: 81-3453118

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURATTINI, ADRIANA ROSA
8204 NW 44 STREET
CORAL SPRINGS, FL 33065 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

01/31/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MONTES, ALDO R
Address 8204 NW 44 STREET
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR
Name BURATTINI, ADRIANA
Address 8204 NW 44 STREET
City-State-Zip: CORAL SPRINGS FL 33065

Title AMBR
Name MONTES, ALDO R
Address 8204 NW 44 STREET
City-State-Zip: CORAL SPRINGS FL 33065

Title AMBR
Name BURATTINI, ADRIANA
Address 8204 NW 44 STREET
City-State-Zip: CORAL SPRINGS FL 33065

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 R BURATTINI

AMBR

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date