## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000176111

Entity Name: STAT MEDCARE SOLUTIONS LLC

# **Current Principal Place of Business:**

4905 34TH STREET SOUTH SUITE 342 SAINT PETERSBURG, FL 33711

# **Current Mailing Address:**

4905 34TH STREET SOUTH SUITE 342 SAINT PETERSBURG, FL 33711 US

# FEI Number: 27-1920229

## Name and Address of Current Registered Agent:

ANDERSON, MELISSA 9714 COMMODORE DRIVE SEFFNER, FL 33584 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: MELISSA ANDERSON

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleAMBRNameYOUNG, CYNTHIA A CEOAddress4905 34TH STREET SOUTH<br/>SUITE 342City-State-Zip:SAINT PETERSBURG FL 33711

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.

CEO

#### SIGNATURE: CYNTHIA YOUNG

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 13, 2017 Secretary of State CC3611133304

Certificate of Status Desired: No

04/13/2017

Date

04/13/2017 Date