

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000176111

Entity Name: STAT MEDCARE SOLUTIONS LLC

Current Principal Place of Business:

283 CRANES ROOST BLVD,
SUITE 111
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

283 CRANES ROOST BLVD,
SUITE 111
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 27-1920229

Certificate of Status Desired: No

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

08/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name YOUNG, CYNTHIA A CEO
Address 283 CRANES ROOST BLVD,
SUITE 111
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: CYNTHIA YOUNG

CEO

08/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date