

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000188173

**Entity Name:** VOLCARE MEDICAL, LLC

**Current Principal Place of Business:**

10448 GOOSEBERRY COURT  
TRINITY, FL 34655

**Current Mailing Address:**

10448 GOOSEBERRY COURT  
TRINITY, FL 34655 US

**FEI Number: 81-4104272**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCNICHOL, T J M.D.  
10448 GOOSEBERRY COURT  
TRINITY, FL 34655 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MCNICHOL, T J M.D.  
Address        10448 GOOSEBERRY COURT  
City-State-Zip: TRINITY FL 34655

Title           MANAGER  
Name           MCNICHOL, AMANDA W BSN  
Address        10448 GOOSEBERRY COURT  
City-State-Zip: TRINITY FL 34655

*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: TJ MCNICHOL, MD**

**MANAGER**

**04/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date