

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000188173

Entity Name: VOLCARE MEDICAL, LLC

Current Principal Place of Business:

7025 FALLBROOK COURT
NEW PORT RICHEY, FL 34655

Current Mailing Address:

7025 FALLBROOK COURT
NEW PORT RICHEY, FL 34655 US

FEI Number: 81-4104272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCNICHOL, T J M.D.
7025 FALLBROOK COURT
NEW PORT RICHEY, 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 MGR
Name MCNICHOL, T J M.D.
Address 7025 FALLBROOK COURT
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR
Name MCNICHOL, AMANDA W BSN
Address 7025 FALLBROOK COURT
City-State-Zip: NEW PORT RICHEY 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

04/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date