

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000197223

Entity Name: CARECENTRIC, LLC

Current Principal Place of Business:

390 PONDELLA ROAD
SUITE 9
N FT MYERS, FL 33903

Current Mailing Address:

390 PONDELLA ROAD
SUITE 9
N FT MYERS, FL 33903 US

FEI Number: 81-5005508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERKE, IRA
3163 NW 60TH ST
BOCA RATON, FL 33496 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	MGRM	Title	AUTHORIZED MEMBER
Name	BERKE, IRA	Name	BEUER, LARRY
Address	3163 NW 60TH ST	Address	390 PONDELLA ROAD SUITE 9
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	N FT MYERS FL 33903

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: LARRY BEUER

CEO

07/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date