

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000158537

Entity Name: MEDICAL TRANSITIONAL CARE SERVICES, PLLC

Current Principal Place of Business:

17223 77TH LANE NORTH
LOXAHATCHEE, FL 33470

Current Mailing Address:

17223 77TH LANE NORTH
LOXAHATCHEE, FL 33470 US

FEI Number: 82-2269816

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOMASSINO, MICHELLE
14176 BLACKBERRY DRIVE
22
WELLINGTON, FL 33414 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 PRESIDENT
Name SANTOMASSINO, MICHELLE
Address 14176 BLACKBERRY DRIVE
City-State-Zip: WELLINGTON FL 33414

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: MICHELLE SANTOMASSINO DNP

PRESIDENT

09/10/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date