

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000049569

**Entity Name:** ENGAGE HEALTH CARE, LLC

**Current Principal Place of Business:**

1880 EAST COMMERCIAL BLVD  
SUITE 3  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

8801 WEST ATLANTIC BLVD  
#771206  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 83-2134011

**Certificate of Status Desired:** No

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

EKER, DAMIAN E  
12625 NW 76TH STREET  
PARKLAND, FL 33076 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 EKER, AMY LIND  
Address 12625 NW 76TH STREET  
City-State-Zip: PARKLAND FL 33076

*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:** AMY EKER

**MANAGER**

**01/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date