

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000069347

**Entity Name:** CARE OF FL MSO, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD  
SUITE 800  
JACKSONVILLE, FL 33207

**Current Mailing Address:**

1301 RIVERPLACE BLVD  
SUITE 800  
JACKSONVILLE, FL 32207 US

**FEI Number:** 35-2654887

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           EPISODE SOLUTIONS, LLC  
Address        102 WOODMONT BLVD  
                  SUITE 350  
City-State-Zip: NASHVILLE TN 37205

*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:** JOHN HANNON

**AUTHORIZED PERSON**

**03/01/2024**

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

\_\_\_\_\_  
Date