

**2021 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 32207

**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	Title	AUTHORIZED REPRESENTATIVE
Name	EPISODE SOLUTIONS, LLC	Name	EADIE, HUTTON
Address	102 WOODMONT BLVD SUITE 350	Address	1301 RIVERPLACE BLVD SUITE 800
City-State-Zip:	NASHVILLE 37205	City-State-Zip:	JACKSONVILLE FL 32207

*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:** EADIE , HUTTON

**AUTHORIZED  
REPRESENTATIVE**

**04/19/2021**

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

\_\_\_\_\_  
Date