

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000091771

Entity Name: FLORIDA CARE PARTNERS ORLANDO, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37202 US

FEI Number: 83-4355916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 M
Name FLORIDA CARE PARTNERS, LLC
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

Title MGR
Name WHITMORE, STEWART
Address 101 NORTH MONROE STREET
City-State-Zip: TALLAHASSEE FL 32301

Title MGR
Name SHULTZ, JOSHUA
Address 806 WEST OAK STREET
City-State-Zip: KISSIMMEE FL 34741

Title MGR
Name GABOR, ELENA
Address 4106 LAKE MARY BLVD, SUITE 100
City-State-Zip: LAKE MARY FL 32746

Title MGR
Name LEE, DURON
Address 806 W. OAK STREET
City-State-Zip: KISSIMMEE FL 34741

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: STEWART WHITMORE

MGR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date