

**2024 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**

**04/23/2024**

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

\_\_\_\_\_  
Date