

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000203476

Entity Name: A PLUS MEDICAL CARE, LLC

Current Principal Place of Business:

8660 WEST FLAGLER ST
SUITE 201
MIAMI, 33144

Current Mailing Address:

8660 WEST FLAGLER STREET
SUITE 201
MIAMI, FL 33144 US

FEI Number: 84-2679465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROMERO, NIURKA A
8660 WEST FLAGLER STREET
SUITE 201
MIAMI, FL 33144 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 AMBR
Name ROMERO, NIURKA A
Address 8660 WEST FLAGLER STREET
SUITE 201
City-State-Zip: MIAMI FL 33144

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: NIURKA ALEJANDRA ROMERO

AMBR

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date