

**2021 FLORIDA LIMITED LIABILITY COMPANY 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 ROMERO

**PRESIDENT**

**02/04/2021**

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

\_\_\_\_\_  
Date