

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000183537

**Entity Name:** G & C CARE INSTITUTE LLC

**Current Principal Place of Business:**

2240 PALM BEACH LAKES BLVD.,  
SUITE 400 A  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

441 STATE ROAD 7  
SUITE 9E  
MARGATE, FL 33068 US

**FEI Number:** 83-3595073

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CARTY, GAYNEL C  
2240 PALM BEACH LAKES BLVD.,  
SUITE 400 A  
WEST PALM BEACH, FL 33409 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 MGR  
Name CARTY, GAYNEL C  
Address 2240 PALM BEACH LAKES BLVD.,  
SUITE 400 A  
City-State-Zip: WEST PALM BEACH FL 33409

*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:** GAYNEL CARTY

**ADMINISTRATOR**

**04/01/2024**

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

\_\_\_\_\_  
Date