

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000242947

Entity Name: CARE PARTNERS MEDICAL CENTERS, LLC.

Current Principal Place of Business:

2280 W ATLANTIC AVE
DELRAY BEACH, FL 33445

Current Mailing Address:

2280 W ATLANTIC AVE
DELRAY BEACH, FL 33445-4637 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELRAY PHYSICIAN CARE CENTER
2280 W ATLANTIC AVE
DELRAY BEACH, FL 33445 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: MARIE SEIDE

01/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HEALTH ADVANTAGE, LLC
Address 2280 W ATLANTIC AVE
City-State-Zip: DELRAY BEACH FL 33445

Title MEMBER
Name SOUTH FLORIDA MEDICAL ENT
Address 2280 W ATLANTIC AVE
City-State-Zip: DELRAY BEACH FL 33445

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: MARIE SEIDE

MANAGER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date