

**2022 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:**100 E. LINTON BLVD.  
SUITE 207B  
DELRAY BEACH, FL 33483 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

03/07/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	SOUTH FLORIDA MEDICAL ENT., INC.
Address	100 E. LINTON BLVD., SUITE 207B
City-State-Zip:	DELRAY BEACH FL 33483

Title	MBR
Name	J & J VIGOR, INC.
Address	1503 WINDSHIP CIR.
City-State-Zip:	WELLINGTON FL 33414

Title	MEMBER
Name	DELRAY PHYSICIAN CARE CENTER, LLC
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

MEMBER

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date