

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