

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000242947

Entity Name: CARE PARTNERS MEDICAL CENTERS, LLC.

Current Principal Place of Business:

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

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:

PARNEL AUGUSTE, P.A.
100 E. LINTON BLVD.
SUITE 207B
DELRAY BEACH, FL 33483 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	MGRM	Title	MBR
Name	SOUTH FLORIDA MEDICAL ENT., INC.	Name	J & J VIGOR, INC.
Address	100 E. LINTON BLVD., SUITE 207B	Address	1503 WINDSHIP CIR.
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	WELLINGTON FL 33414

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: PARNEL AUGUSTE

REGISTERED AGENT

07/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date