

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000110488

Entity Name: UCARE MEDICAL CENTER LLC

Current Principal Place of Business:

2520 SW CORAL WAY
SUITE 2-107
MIAMI, FL 33145

Current Mailing Address:

2520 SW CORAL WAY
SUITE 2-107
MIAMI, FL 33145

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POLO, CARLOS F
2520 SW CORAL WAY
SUITE 2-107
MIAMI, FL 33145 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	Title	AMBR
Name	POLO, CARLOS F	Name	POLO, CARLOS F
Address	2520 SW CORAL WAY SUITE 2-107	Address	2520 SW CORAL WAY SUITE 2-107
City-State-Zip:	MIAMI FL 33145	City-State-Zip:	MIAMI FL 33145

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: CARLOS F POLO

MGR

07/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date