

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000159028

**Entity Name:** PRIORITY LIFE CARE, LLC

**Current Principal Place of Business:**

7320 EAST FLETCHER AVENUE  
SUITE 170  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

1102 CHESTNUT HILLS PARKWAY  
FORT WAYNE, IN 46814 UN

**FEI Number:** 46-2678286

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STARKS, MARK  
7320 EAST FLETCHER AVENUE  
SUITE 170  
TEMPLE TERRACE, FL 33637 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	COO	Title	CFO
Name	PETRAS, BOBBY JR	Name	BYERS, IVYONNE
Address	1102 CHESTNUT HILLS PARKWAY	Address	1102 CHESTNUT HILLS PARKWAY
City-State-Zip:	FORT WAYNE IN 46814	City-State-Zip:	FORT WAYNE IN 46814

*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:** BOBBY PETRAS

COO

01/26/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date