

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000349687

**Entity Name:** GIS MEDICARE, LLC

**Current Principal Place of Business:**

9500 KOGER BLVD.  
SUITE 200  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9500 KOGER BLVD.  
SUITE 200  
ST. PETERSBURG, FL 33702

**FEI Number:** 87-1999184

**Certificate of Status Desired:** No

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

GUSTIN, MARK  
1641 HIBISCUS AVE  
WINTER PARK, FL 32789 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	MGR
Name	GUSTIN, MARK	Name	METTILLE, MARK
Address	1641 HIBISCUS AVE	Address	422 WAUPONSEE ST
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	MORRIS IL 60450

*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:** MARK GUSTIN

**MANAGING PARTNER**

**01/25/2022**

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

\_\_\_\_\_  
Date