

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000379234

Entity Name: MAXICARE THERAPEUTIC OF SOUTHWEST FLORIDA LLC

Current Principal Place of Business:

5285 SUMMERLIN RD.
STE. 101
FORT MYERS, FL 33919

Current Mailing Address:

PO BOX 61022
FORT MYERS, FL 33906 US

FEI Number: 87-2313057

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MASCARINAS, LEMUEL
5285 SUMMERLIN RD
STE. 101
FORT MYERS, FL 33919 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 AMBR
Name MGOC, LLC
Address 2152 RANDALL RD.
City-State-Zip: CARPENTERSVILLE IL 60110

Title AMBR
Name CRUZ, JOHN MICHAEL D
Address 4780 CRESTED EAGLE LANE
City-State-Zip: FORT MYERS FL 33966

Title AMBR
Name ESTINOS, FREYA ANN
Address 4780 CRESTED EAGLE LANE
City-State-Zip: FORT MYERS FL 33966

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: LEMUEL MASCARINAS

OWNER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date