

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000048830

**Entity Name:** MDCARE HEALTH SYSTEM, PLLC

**Current Principal Place of Business:**

3471 COUNTY BARN RD  
APT F104  
NAPLES, FL 34112

**Current Mailing Address:**

3471 COUNTY BARN RD  
APT F104  
NAPLES, FL 34112 US

**FEI Number:** 88-0684472

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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 ALONSO, RICARDO A  
Address 3471 COUNTY BARN RD  
APT F104  
City-State-Zip: NAPLES FL 34112

Title AMBR  
Name SUNNY PARK GROUP LLC  
Address 3471 COUNTY BARN RD  
APT F104  
City-State-Zip: NAPLES FL 34112

*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:** RICARDO ALONSO

**OWNER**

**01/10/2023**

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

\_\_\_\_\_  
Date