

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000252806

Entity Name: ACARE MEDICAL LLC

Current Principal Place of Business:

6501 ARLINGTON EXPRESSWAY
B105
JACKSONVILLE, FL 32211

Current Mailing Address:

6501 ARLINGTON EXPRESSWAY B105
#7443
JACKSONVILLE, FLORIDA 32211 UN

FEI Number: 88-2718484

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NELSON, AMARIS
6501 ARLINGTON EXPRESSWAY
B105
JACKSONVILLE, FL 32211 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: AMARIS NELSON

02/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ACARE MEDICAL LLC
Address 6501 ARLINGTON EXPRESSWAY B105
#7443
City-State-Zip: JACKSONVILLE FLORIDA 32211

Title MGR
Name NELSON, AMARIS
Address 6501 ARLINGTON EXPRESSWAY B105
#7443
City-State-Zip: JACKSONVILLE FLORIDA 32211

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: AMARIS NELSON

MANAGER

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date