

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000528912

Entity Name: MEDICARE NAVIGATOR LLC**Current Principal Place of Business:**7911 GRAND ESTUARY TRL UNIT 107
BRADENTON, FL 34212**Current Mailing Address:**7911 GRAND ESTUARY TRL UNIT 107
BRADENTON, FL 34212 US**FEI Number:** 92-1381911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	PRESIDENT
Name	BUCK, CHUCK
Address	6455 LA JOLLA BLVD. UNIT 313
City-State-Zip:	LA JOLLA CA 92037

Title	CHIEF TECHNOLOGY OFFICE
Name	ZELEM, JIM
Address	85 HAWKS LANDING CIR #112
City-State-Zip:	VERONA WI 53593

Title	SECRETARY, TREASURER
Name	ZELEM, JOHN
Address	7911 GRAND ESTUARY TRL UNIT 107
City-State-Zip:	BRADENTON FL 34212

Title	CHIEF CONTENT OFFICER
Name	BARTLETT, JENNIFER
Address	517 HARTLEY RD.
City-State-Zip:	SARALAND AL 36571

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: JOHN ZELEM**SECRETARY/TREASURER** 03/05/2023_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date