

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005486

**Entity Name:** CENTURION MANAGED CARE OF FLORIDA, LLC

**Current Principal Place of Business:**

21251 RIDGETOP CR. SUITE 150  
STERLING, VA 20166

**Current Mailing Address:**

21251 RIDGETOP CR. SUITE 150  
STERLING, VA 20166 US

**FEI Number:** 90-0766502

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           JOHNSON, DEAN  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MANAGER  
Name           LOVE, VICTORIA  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MANAGER  
Name           LUEKING, KEITH  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MEMBER  
Name           SULLIVAN, WILLIAM  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MEMBER  
Name           SULLIVAN, TODD  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MANAGER  
Name           WESCHKE, CHARLES  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

Title           MEMBER  
Name           SULLIVAN, JOHN  
Address        21251 RIDGETOP CR. SUITE 150  
City-State-Zip: STERLING VA 20166

*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:** DEANA JOHNSON

**AUTHORIZED SIGNOR**

**06/29/2023**

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

\_\_\_\_\_  
Date