

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008867

Entity Name: CUTISCARE LLC

Current Principal Place of Business:

2300 GLADES RD SUITE 100E
BOCA RATON, FL 33431

Current Mailing Address:

2300 GLADES RD SUITE 100E
BOCA RATON, FL 33431 US

FEI Number: 47-5477174

Certificate of Status Desired: Yes

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 MACDONALD, PETER
Address 233 WILSHIRE BLVD, SUITE 425
City-State-Zip: SANTA MONICA CA 90401

Title MANAGER
Name CABALLERO, LOU
Address 233 WILSHIRE BLVD, SUITE 425
City-State-Zip: SANTA MONICA CA 90401

Title MGR
Name PATRICK, JAMES E
Address 2300 GLADES RD SUITE 100E
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT
Name BAUMAN, ROBERT
Address 2300 GLADES RD SUITE 100E
City-State-Zip: BOCA RATON FL 33431

Title CFO
Name JENKINS, CRAIG
Address 2300 GLADES RD SUITE 100E
City-State-Zip: BOCA RATON FL 33431

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: JAMES PATRICK

MANAGER

04/22/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date