

**2021 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:** 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           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

Title           MANAGER  
Name           BROOKS, MARK J  
Address        2300 GLADES RD SUITE 100E  
City-State-Zip: BOCA RATON FL 33431

Title           MANAGER  
Name           BARNETT, RICK J  
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**

**04/27/2021**

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

\_\_\_\_\_  
Date