

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003178

**Entity Name:** AFFORDABLE CARE, LLC

**Current Principal Place of Business:**

629 DAVIS DRIVE  
SUITE 300  
MORRISVILLE, NC 27560

**Current Mailing Address:**

629 DAVIS DRIVE  
300  
MORRISVILLE, NC 27560 US

**FEI Number:** 56-1505559

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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:** NATALIE LEIBA-PAUL

01/08/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY, ASST. TREASURER  
Name SLEZAK, DAVID  
Address 629 DAVIS DRIVE  
SUITE 300  
City-State-Zip: MORRISVILLE NC 27560

Title PRESIDENT, ASST. SECRETARY,  
ASST. TREASURER  
Name KIRTSEY, GENE  
Address 629 DAVIS DRIVE  
SUITE 300  
City-State-Zip: MORRISVILLE NC 27560

Title TREASURER, ASST. SECRETARY  
Name SHANNON, TIM  
Address 629 DAVIS DRIVE  
SUITE 300  
City-State-Zip: MORRISVILLE NC 27560

*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:** TIM SHANNON

**TREASURER**

01/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date