

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008332

Entity Name: WELLMED FLORIDA MEDICARE ACO, LLC**Current Principal Place of Business:**8637 FREDERICKSBURG RD.
STE:360
SAN ANTONIO, TX 78240**Current Mailing Address:**8637 FREDERICKSBURG RD.
STE:360
SAN ANTONIO, TX 78240 US**FEI Number:** 84-2233329**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MGR
Name HERNANDEZ, M.D., CARLOS O
Address 8637 FREDERICKSBURG RD. STE:360
City-State-Zip: SAN ANTONIO TX 78240

Title APS
Name ZUNIGA, CAROL
Address 8637 FREDERICKSBURG RD. STE:360
City-State-Zip: SAN ANTONIO TX 78240

Title T
Name GILL, PETER
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title MGR,AP,CEO
Name GEORGE MCCARROLL RAPIER III, MD
Address 8637 FREDERICKSBURG RD. STE:360
City-State-Zip: SAN ANTONIO TX 78240

Title APP
Name GRUNDHOEFER, BRYAN DAVID
Address 8637 FREDERICKSBURG RD. STE:360
City-State-Zip: SAN ANTONIO TX 78240

Title APVP
Name ZIMMERMAN, JOSEPH ANTHONY
Address 8637 FREDERICKSBURG RD. STE:360
City-State-Zip: SAN ANTONIO TX 78240

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: STEPHANIE JACKSON**ACCOUNTING DIRECTOR** 03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date