

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010346

**Entity Name:** FLORIDA CARE PARTNERS EAST, LLC

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**Current Mailing Address:**

P O BOX 750  
NASHVILLE, TN 37202 US

**FEI Number:** 85-3733602

**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 M  
Name FLORIDA CARE PARTNERS LLC  
Address ONE PARK PLAZA  
City-State-Zip: NASHVILLE TN 37203

Title MGR  
Name MAHMOOD, ZEESHAN  
Address 2960 N. STATE ROAD 7, SUITE 204  
City-State-Zip: MARGATE FL 33063

Title MGR  
Name READ, RICHARD  
Address 450 EAST LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name TOWBIN, SCOTT  
Address 111A JFK DRIVE  
City-State-Zip: ATLANTIS FL 33462

Title MGR  
Name BRITTON, VICKI  
Address 11A JFK DRIVE  
City-State-Zip: ATLANTIS FL 33462

*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:** RICHARD READ

**MGR**

**04/27/2023**

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

\_\_\_\_\_  
Date