

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010347

Entity Name: FLORIDA CARE PARTNERS NORTH CENTRAL, 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:** 84-4992905**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	EICHELBERGER, TODD
Address	6400 SANGER ROAD
City-State-Zip:	ORLANDO FL 32827

Title	MGR
Name	CLEVINGER, SID
Address	6400 SANGER ROAD
City-State-Zip:	ORLANDO FL 32827

Title	MGR
Name	DYER, KRISTIN
Address	101 N MONROE ST STE 801
City-State-Zip:	TALLAHASSEE FL 32301

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: KRISTIN DYER

MGR

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date