

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010348

Entity Name: FLORIDA CARE PARTNERS TALLAHASSEE, 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: 84-5011330

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 ALLEN, BRIAN
Address 6400 SANGER ROAD
City-State-Zip: ORLANDO FL 32827

Title MGR
Name RUSH, CHRISTOPHER
Address 7458 PINE FOREST ROAD
City-State-Zip: PENSACOLA FL 32526

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