

**2023 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 3445 BANNERMAN RD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32312

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

Title MGR  
Name WHITMORE, STEWART  
Address 101 NORTH MONROE STREET  
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:** STEWART WHITMORE

**MGR**

**04/27/2023**

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

\_\_\_\_\_  
Date