

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059044

FILED
Apr 29, 2021
Secretary of State
5252766253CC

Entity Name: PREFERRED CARE PARTNERS HOLDING, CORP.

Current Principal Place of Business:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156

Current Mailing Address:

9100 SOUTH DADELAND BOULEVARD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 65-0683927

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

Officer/Director Detail :

Title CFO
Name HUNTER, ROBERT ALDEN
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name VELASCO, JR., JOSE LUIS
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name MURDOCK, SARAH ANN
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name GILL, PETER MARSHALL
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title PRESIDENT
Name RODRIGUEZ, ROGER [NMN]
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name RODRIGUEZ, ROGER [NMN]
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 9100 SOUTH DADELAND BOULEVARD
SUITE 1250
City-State-Zip: MIAMI FL 33156