

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028479

Entity Name: RITECARE MEDICAL CENTER, LLC

Current Principal Place of Business:

915 W 49TH STREET
HIALEAH, FL 33012

Current Mailing Address:

915 W 49TH STREET
HIALEAH, FL 33012 US

FEI Number: 20-1041151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOUKAR, HOSSEIN
915 W 49TH STREET
HIALEAH, FL 33012 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 MGR
Name JOUKAR, HOSSEIN
Address 915 W 49TH STREET
City-State-Zip: HIALEAH FL 33012

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: HOSSEIN JOUKAR

MGR

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date