

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014852

**Entity Name:** CARE MEDICAL PLAN LLC

**Current Principal Place of Business:**

13117 NW 107 AVE  
STE E1  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

13117 NW 107 AVE  
STE E1  
HIALEAH GARDENS, FL 33018 US

**FEI Number:** 20-8418368

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ENRIQUE, ZAMORA  
13117 NW 107 AVE  
STE E1  
HIALEAH GARDENS, FL 33018 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 ZAMORA, ENRIQUE  
Address 13117 NW 107 AVE  
STE E1  
City-State-Zip: HIALEAH GARDENS FL 33018

*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:** ENRIQUE ZAMORA

MGR

04/23/2017

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

\_\_\_\_\_  
Date