

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073726

**Entity Name:** PROVIDENT CARE MANAGEMENT, LLC

**Current Principal Place of Business:**

3001 SW 3RD AVE.  
MIAMI, FL 33129

**Current Mailing Address:**

3001 SW 3RD AVE.  
MIAMI, FL 33129 US

**FEI Number: 26-3143148**

**Certificate of Status Desired: No**

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

MARKO & MAGOLNICK  
3001 SW 3RD AVE..  
MIAMI, FL 33129 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: DAVID MARKO**

**06/29/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KOBETZ, DOLORES LORI  
Address 3001 SW 3 AVE  
City-State-Zip: MIAMI FL 33129

*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: DOLORES LORI KOBETZ**

**PARTNER**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date