

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050139

**Entity Name:** SACRED HEART PRIMARY CARE CLINIC LLC

**Current Principal Place of Business:**

10741 PARIS STREET  
COOPER CITY, FL 33026

**Current Mailing Address:**

10741 PARIS STREET  
COOPER CITY, FL 33026 US

**FEI Number:** 45-2033525

**Certificate of Status Desired:** No

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

CARRE, PHILYPPE  
10741 PARIS STREET  
COOPER CITY, FL 33026 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 MMGR  
Name FLORENT-CARRE, MARIE H  
Address 10741 PARIS STREET  
City-State-Zip: COOPER CITY FL 33026

*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:** MARIE H FLORENT-CARRE

MGRM

04/30/2018

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

\_\_\_\_\_ Date