

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000089897

Entity Name: JSA CARE PARTNERS, LLC

Current Principal Place of Business:

19191 S VERMONT AVE
STE 200
TORRANCE , CA 90502

Current Mailing Address:

19191 S VERMONT AVE
STE 200
TORRANCE , CA 90502 US

FEI Number: 45-3007684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGRM
Name HEALTHCARE PRNRS
ACCOUNTABLE CARE ORG,LLC
Address 19191 SOUTH VERMONT AVE., SUITE
200
City-State-Zip: TORRANCE CA 90502

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARTURO SIDA

AUTHORIZED PERSON

04/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date