

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000151093

**Entity Name:** COMMUNITY BASED CARE INTEGRATED HEALTH, LLC

**Current Principal Place of Business:**

2875 S ORANGE AVE  
STE 500 #6346  
ORLANDO, FL 32806

**Current Mailing Address:**

2875 S ORANGE AVE  
STE 500 #6346  
ORLANDO, FL 32806 US

**FEI Number:** 32-0405411

**Certificate of Status Desired:** No

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

CASEL, GLEN  
2875 S ORANGE AVE  
STE 500 #6346  
ORLANDO, FL 32806 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:** GLEN CASEL

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FOX, BRIAN  
Address        2875 S ORANGE AVE  
                  STE 500 #6346  
City-State-Zip: ORLANDO FL 32806

Title           CEO  
Name           CASEL, GLEN  
Address        2875 S ORANGE AVE  
                  STE 500 #6346  
City-State-Zip: ORLANDO FL 32806

Title           CHAIRMAN  
Name           JACKSON, MARK  
Address        2875 S ORANGE AVE  
                  STE 500 #6346  
City-State-Zip: ORLANDO FL 32806

*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:** GLEN CASEL

CEO

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date