

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000123900

Entity Name: ALLCARE MEDICAL OF FLORIDA, LLC

Current Principal Place of Business:

111 KELSEY LANE,
SUITE F
TAMPA, FL 33619

FILED
Jan 22, 2018
Secretary of State
CC7610184616

Current Mailing Address:

330 PELHAM ROAD,
SUITE A201
GREENVILLE, SC 29615 US

FEI Number: 46-3626920

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SLIVA, ONDREJ
111 KELSEY LN SUITE F
TAMPA, FL 33619 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 SLIVA, ONDREJ
Address 330 PELHAM ROAD,
SUITE A201
City-State-Zip: GREENVILLE SC 29615

Title VP
Name CRAWFORD, AMY K
Address 330 PELHAM ROAD,
SUITE A201
City-State-Zip: GREENVILLE SC 29615

Title AREA DIRECTOR
Name CAMPBELL, JOHN
Address 111 KELSEY LANE,
SUITE F
City-State-Zip: TAMPA FL 33619

Title AREA DIRECTOR
Name SAMSON, PAUL
Address 111 KELSEY LANE,
SUITE F
City-State-Zip: TAMPA FL 33619

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: AMY K CRAWFORD

VICE PRESIDENT

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date