

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000123900

**Entity Name:** ALLCARE MEDICAL OF FLORIDA, LLC

**Current Principal Place of Business:**

3500 W. KING STREET  
B4  
COCOCA, FL 32926

**FILED**  
**Mar 03, 2015**  
**Secretary of State**  
**CC7366577617**

**Current Mailing Address:**

330 PELHAM ROAD  
BUILDING A, STE. 200  
GREENVILLE, SC 29615

**FEI Number: 46-3626920**

**Certificate of Status Desired: Yes**

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

SLIVA, ONDREJ  
3500 W. KING STREET  
COCOA, FL 32926 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, BLD A, STE 200  
City-State-Zip: GREENVILLE SC 29615

Title VP OF FINANCE  
Name MARK, LAMPE A  
Address 330 PELHAM ROAD  
BUILDING A, STE. 200  
City-State-Zip: GREENVILLE SC 29615

*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: MARK A LAMPE**

**VP OF FINANCE**

**03/03/2015**

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

\_\_\_\_\_  
Date