

2023 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
Apr 28, 2023
Secretary of State
6020559649CC

Current Mailing Address:

12470 TELECOM DRIVE
SUITE 301
TEMPLE TERRACE, FL 33637 US

FEI Number: 46-3626920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLOSKY, ANDREW K
12470 TELECOM DRIVE
SUITE 301
TEMPLE TERRACE, FL 33637 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: ANDREW K MOLOSKY

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title DIRECTOR OF OPERATIONS
Name HUMPHREY, SYLESTER
Address 111 KELSEY LANE,
SUITE F
City-State-Zip: TAMPA FL 33619

Title MGRM
Name O'NEIL, DAVID J
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title MANAGER
Name MOLOSKY, ANDREW K
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title MANAGER
Name WHITE, RHONDA
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title PARALEGAL
Name HILEY, ANNE MARIE
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

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: ANNE MARIE HILEY

PARALEGAL

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date