

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000052601

**FILED  
Mar 21, 2021  
Secretary of State  
8298962657CC**

**Entity Name:** SHENANDOAH MEDICAL CARE CENTER "LLC"

**Current Principal Place of Business:**

6234 SOUTH CONGRESS AVE.,  
SUITE F-1  
LANTANA, FL 33462

**Current Mailing Address:**

PO BOX 741424  
BOYNTON BEACH, FL 33474 US

**FEI Number:** 46-5283443

**Certificate of Status Desired:** No

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

FULLER, JOY L  
6234 S. CONGRESS AVE  
SUITE F-1  
LANATANA, FL 33462 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 P  
Name FULLER, JOY L  
Address 6234 SOUTH CONGRESS AVE.,  
SUITE F-1  
City-State-Zip: LANTANA FL 33462  
  
Title SECRETARY  
Name FULLER, DEANAY A  
Address 6234 SOUTH CONGRESS AVE.,  
SUITE F-1  
City-State-Zip: LANTANA FL 33462

Title VP  
Name FULLER, DAVID L  
Address 6234 SOUTH CONGRESS AVE.,  
SUITE F-1  
City-State-Zip: LANTANA FL 33462  
  
Title TREASURER  
Name FULLER, DANIELLE G.  
Address 6234 SOUTH CONGRESS AVE.,  
SUITE F-1  
City-State-Zip: LANTANA FL 33462

*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:** JOY FULLER

**OWNER**

**03/21/2021**

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

\_\_\_\_\_  
Date