

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000169163

Entity Name: CARE CENTERED, LLC**Current Principal Place of Business:**5850 CORAL RIDGE DRIVE
SUITE 304
CORAL SPRINGS, FL 33076**Current Mailing Address:**5850 CORAL RIDGE DRIVE
SUITE 304
CORAL SPRINGS, FL 33076 US**FEI Number:** 47-5240754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEDELE, JONATHAN J
5850 CORAL RIDGE DR
SUITE 304
CORAL SPRINGS, FL 33076 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	MGR
Name	FEDELE, JONATHAN J
Address	5850 CORAL RIDGE DRIVE SUITE 304
City-State-Zip:	CORAL SPRINGS FL 33076

Title	MGR
Name	MIKO, KYLE W
Address	5850 CORAL RIDGE DRIVE SUITE 304
City-State-Zip:	CORAL SPRINGS FL 33076

Title	MGR
Name	LICA, STEVEN F
Address	5850 CORAL RIDGE DRIVE SUITE 304
City-State-Zip:	CORAL SPRINGS FL 33076

Title	CFO
Name	SOSA, CANDIDO JR.
Address	5850 CORAL RIDGE DR SUITE 304
City-State-Zip:	CORAL SPRINGS FL 33076

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: JONATHAN FEDELE

MGR

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date