

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000050927

Entity Name: METROCAN, LLC**Current Principal Place of Business:**3251 3RD AVENUE NORTH SUITE 125
ST. PETERBURG, FL 33713**Current Mailing Address:**3251 3RD AVENUE NORTH SUITE 125
ST. PETERBURG, FL 33713 US**FEI Number:** 81-1846809**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PATEL, RISHIKUMAR B
4440 FRUITVILLE RD
SARASOTA, FL 34232 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:** RISHIKUMAR B. PATEL

01/21/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|------------------------------------|
| Title | MANAGER, AUTHORIZED REPRESENTATIVE |
| Name | CAN COMMUNITY HEALTH, INC |
| Address | 4440 FRUITVILLE RD |
| City-State-Zip: | SARASOTA FL 34232 |

| | |
|-----------------|---------------------------------|
| Title | AUTHORIZED MEMBER |
| Name | LANGLOIS, LORRAINE |
| Address | 3251 3RD AVENUE NORTH SUITE 125 |
| City-State-Zip: | ST. PETERBURG FL 33713 |

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: RISHIKUMAR B PATEL**REPRESENTATIVE**

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date