

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000055682

Entity Name: FLORIDA PARTNERS CARE, LLC

Current Principal Place of Business:

300 S. PINE ISLAND RD
SUITE 238
PLANTATION, FL 33324

Current Mailing Address:

300 S. PINE ISLAND RD
SUITE 238
PLANTATION, FL 33324 US

FEI Number: 81-1930585

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYLESS, THOMAS R
300 S. PINE ISLAND RD
SUITE 238
PLANTATION, FL 33324 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 BAYLESS, THOMAS R
Address 300 S. PINE ISLAND RD, SUITE 238
City-State-Zip: PLANTATION FL 33324

Title MGR
Name FEANNY, ELIAS A
Address 300 S. PINE ISLAND RD, SUITE 238
City-State-Zip: PLANTATION FL 33324

Title MGR
Name MAIR, RACHEL M
Address 300 S. PINE ISLAND RD, SUITE 238
City-State-Zip: PLANTATION FL 33324

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: THOMAS R BAYLESS

MGR

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date