

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000127521

Entity Name: DIABETES MANAGEMENT PARTNERS LLC**Current Principal Place of Business:**4190 BELFORT RD.
SUITE 352
JACKSONVILLE, FL 32216**Current Mailing Address:**4190 BELFORT RD.
SUITE 352
JACKSONVILLE, FL 32216 US**FEI Number:** 81-2854031**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAVERKA, CORLEENE C
4190 BELFORT RD.
SUITE 352
JACKSONVILLE, FL 32216 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:** CORLEENE VAVERKA

01/27/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MOONEY, KYLE P
Address 4190 BELFORT RD., STE. 352
City-State-Zip: JACKSONVILLE FL 32216

Title MGR
Name SUTTON, DAVID R
Address 1135 BROOKWOOD CT.
City-State-Zip: JACKSONVILLE FL 32207

Title MGR
Name SUTTON, CINDY R
Address 1135 BROOKWOOD CT.
City-State-Zip: JACKSONVILLE FL 32207

Title MGR
Name EVANS, JOHN G
Address 324 KEELERS CT.
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name VAVERKA, CORLEENE MGR
Address 4190 BELFORT RD.
SUITE 352
City-State-Zip: JACKSONVILLE FL 32216

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: CORLEENE VAVERKA

MGR

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date