

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000141207

**Entity Name:** WECARE MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

8204 NW 44 STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8204 NW 44 STREET  
CORAL SPRINGS, FL 33065 US

**FEI Number: 81-3453118**

**Certificate of Status Desired: Yes**

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

BURATTINI, ADRIANA ROSA  
8204 NW 44 STREET  
CORAL SPRINGS, FL 33065 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: ADRIANA R. BURATTINI**

**01/31/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MONTES, ALDO R  
Address 8204 NW 44 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGR  
Name BURATTINI, ADRIANA  
Address 8204 NW 44 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title AMBR  
Name MONTES, ALDO R  
Address 8204 NW 44 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

Title AMBR  
Name BURATTINI, ADRIANA  
Address 8204 NW 44 STREET  
City-State-Zip: CORAL SPRINGS FL 33065

*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: ADRIANA R BURATTINI**

**AMBR**

**01/31/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date