

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000142771

Entity Name: COMPASSIONATE MEDICAL CARE OF FLORIDA, LLC

Current Principal Place of Business:

2223 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207-3567

Current Mailing Address:

2223 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207-3567 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEEKIN, JR., ROBERT A. ESQ.
2223 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207-3567 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: ROBERT A. HEEKIN, JR., ESQ.

10/11/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FORAN, THOMAS J III
Address 2223 ATLANTIC BOULEVARD
City-State-Zip: JACKSONVILLE FL 32207-3567

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 J. FORAN, III

MGR

10/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date