

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000092218

Entity Name: GLYCARE BILLING AND MANAGEMENT LLC

Current Principal Place of Business:

4190 BELFORT ROAD
SUITE 352
JACKSONVILLE, FL 32216

Current Mailing Address:

4190 BELFORT ROAD STE 352
JACKSONVILLE, FL 32216 US

FEI Number: 82-1307545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIABETES MANAGEMENT PARTNERS, LLC DBA GLYCARE
4190 BELFORT ROAD STE 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

02/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MOONEY, KYLE
Address 4190 BELFORT ROAD STE 352
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR
Name EVANS, JOHN
Address 4190 BELFORT ROAD STE 352
City-State-Zip: JACKSONVILLE FL 32216

Title AMBR
Name SUTTON, DAVID
Address 4190 BELFORT ROAD STE 352
City-State-Zip: JACKSONVILLE FL 32216

Title AUTHORIZED MEMBER
Name VAVERKA, CORLEENE
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

AMBR

02/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date