

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000226129

Entity Name: CLAREMEDICA REAL ESTATE, LLC**Current Principal Place of Business:**14750 N.W. 77TH COURT
SUITE 100
MIAMI LAKES, FL 33016**Current Mailing Address:**14750 N.W. 77TH COURT
SUITE 100
MIAMI LAKES, FL 33016 US**FEI Number:** 82-3325646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	CLAREMEDICA HEALTH PARTNERS, LLC
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

Title	CFO
Name	ZUCKOFF, PETER
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

Title	CHIEF DEVELOPMENT OFFICER
Name	SEMENSohn, MATTHEW
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

Title	CEO
Name	PALENZUELA, ROBERTO L
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

Title	PRESIDENT, COO
Name	GUETHON, JOSE A
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

Title	CHIEF MARKETING OFFICER
Name	PALOMBO, ALBERT
Address	14750 N.W. 77TH COURT SUITE 100
City-State-Zip:	MIAMI LAKES FL 33016

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: PETER ZUCKOFF

CFO

01/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date