

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000106711

Entity Name: CHRONIC CARE MEDICAL MANAGMENT LLC

Current Principal Place of Business:

204 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

204 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410

FEI Number: 83-0780365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, JEFFREY K
204 LONE PINE DRIVE
PALM BEACH GARDENS, FL 33410 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 MILLER, JEFFREY K
Address 204 LONE PINE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

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: JEFFREY K MILLER

MGR

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date