

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000165052

**Entity Name:** MEDCARE CONSULTING LLC

**Current Principal Place of Business:**

4048 EVANS AVE  
FT MYERS, FL 33901

**Current Mailing Address:**

PO BOX 93580  
LAKELAND, FL 33804

**FEI Number:** 20-4314876

**Certificate of Status Desired:** No

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

KRONEN, LJ  
4048 EVANS AVE  
FT MYERS, FL 33901 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 KRONEN, LJ  
Address PO BOX 93580  
City-State-Zip: LAKELAND FL 33804

*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:** L J KRONEN

DR

04/25/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date